



UNIVERSITY
of York

The Department of Health Sciences

Payment of Fees Form

1. Please indicate how you intend to pay for the module

- Employer
- Self
- Joint Employer/Self

2. Please send invoice to	
Name	
Address	
Contact Details	
Email Address	
Purchase order Number (must be provided):	

3. I confirm that I understand that an invoice will be issued once I have commenced the module and that failure to pay the invoice will result in my qualification/result being withheld. Students who have not made a payment for a module will not be allowed to progress to any subsequent modules.

Signed	
Dated	
Name (please print)	

If your employer has agreed to pay all or part of the fee, it is essential that they sign below to confirm their agreement to this. If no signature appears here you will remain responsible for payment of the fees.

Signed	
Dated	
Name (please print)	

