The University of Texas MD Anderson Cancer Center UTHealth
GRADUATE SCHOOL OF BIOMEDICAL SCIENCES (GSBS) | Finance
# GUIDE TO SUBMITTING SPONSORSHIP AUTHORIZATION FORMS

## Access the on-line Sponsorship Authorization Form

- Click on the following link:  Sponsorship Authorization Form

## Enter all requested information to sponsor the student's Tuition and Required Fees (T&F)

- Under "Campus Solutions Student ID," enter the student's myUTH Campus Solutions ID# (7 digits).  If need a student's ID#, contact GSBS Finance (✉ gsbs_finance@uth.tmc.edu)



- Press Tab or Enter after entering the Student ID#.  The "Name" of the student will automatically populate.



- Enter as follows:
  - REVISED FORM? (Y/N) –
    - ➔ Enter **N** if this is a new (and the first) form being submitted for the student, for the semester.
      *(If using multiple accounts, a sponsorship form is required for each account.  Enter **N** for each form that is submitted for each account.  Only one account per form, per student, per semester.)*
    - ➔ Enter **Y** if this is a revised form and one had already been submitted for the semester.

o MD/PHD Student? (Y/N) – Enter **Y** if your student is an MD/PhD student.  If not, enter **N**.
o Career/School – <u>always</u> select **GSBS – Biomedical Sciences**
   Term of Sponsorship will appear.  Check that the right term is populated or selected.

**Student's Information**

Campus Solutions Student ID: [ ]     Name: [ ]

REVISED FORM? (Y/N)   N     MD/PHD Student? (Y/N)   N

Career/School:   GSBS - Biomedical Sciences

Term of Sponsorship:   2181 - 2018 Spring

Additional screens will appear.

- Enter your Invoicing and Billing Information:

**Invoicing and Billing Information**

Institution:   Enter institution name

Department:   Enter dept. name (DO NOT enter ACCOUNTING DEPT)

Address1:   No P.O. Box (DO NOT enter Accounting's address)   ✕

City: [ ]   State: [ ]   Postal Code: [ ]

- Enter account and expense charge information:

➔ **If you are a faculty or administrator from** UTHEALTH, enter the information as follows:
  o UTHealth Account? – Check the box
  o UTHealth Account # – Enter chartfield string or account number to be charged
    If your account does not include a Project # or Class Code, enter 0 in the appropriate boxes.
    *(If using multiple accounts, a sponsorship form is required for each account.  <u>Only one account per</u>*
    *<u>form, per student, per semester</u>.  Please make note under "Comment.")*
  o Non-UTHealth Acct # – <u>*Do not*</u> enter any information in this box
  o Acct Name – <u>*Do not*</u> enter any information in this box

**Expenses to be Paid**

ALL SPONSORS WILL BE CHARGED TUITION AND REQUIRED FEES

UTHealth Account?: ✓   You must enter the entire chartfield string for UTHealth account numbers.
    Enter 0 if your account does not include Project/Grant or Class.

| | Oper Unit | Dept Id | Fund | Project/Grant | Program | Account | Class |
|---|---|---|---|---|---|---|---|
| UTHealth Account #: | 01 | 12340000 | 40000 | 0 | 12 | 69312 | 12345 |
| Non-UTHealth Acct #: | | | | | | Acct Name: | |

➔ **If you are a faculty or administrator from** <span style="color:red">UT MD ANDERSON</span> **or OTHER NON-UTHEALTH INSTITUTION,** enter the information as follows:

  o UTHealth Account? – *Do not* check this box
  o UTHealth Account # – *Do not* enter any information in these boxes
  o Non-UTHealth Acct # – Enter chartfield string or account number to be charged
    *(If using multiple accounts, a sponsorship form is required for each account. Only one account per form, per student, per semester. Please make note under "Comment.")*
  o Acct Name – Enter name of department

| Expenses to be Paid |
| --- |

**ALL SPONSORS WILL BE CHARGED TUITION AND REQUIRED FEES**

**UTHealth Account?:** ☐   You must enter the entire chartfield string for UTHealth account numbers. Enter 0 if your account does not include Project/Grant or Class.

| | Oper Unit | Dept Id | Fund | Project/Grant | Program | Account | Class |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **UTHealth Account #:** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Non-UTHealth Acct #:** `Enter chartfield string or account number`   **Acct Name:** `Enter department name`

➔ **ALL faculty and administrators from** <span style="color:orange">UTHEALTH</span>, <span style="color:red">UT MD ANDERSON</span> **or OTHER NON-UTHEALTH INSTITUTION,** enter the remaining information:

**Grant Funds?:** ☐   **Grant End Date:** `11/13/2020` 📅 **Total Amount:** `_____` **or Percentage:** `100`

**GSBS and MD Anderson do not pay:**

| | | |
| --- | --- | --- |
| Audit Fee | Graduation Fee | Late Payment Fee |
| Late Registration Fee | Repatriation/Evacuation Fee | Student Health Insurance |

*Check any additional expenses this sponsorship will pay:

☐ **Audit Fee**     ☐ **Late Payment Fees**     ☐ **Repatriation/Evacuation Fee**
☐ **Graduation Fee**     ☐ **Late Registration Fees**
☐ **Student Health Insurance**  ☐ **Liability Insurance**

**Comment:**

> Any comments for the Bursar's Office.
>
> For example: T&F paid on 3 separate chart field strings. This is Form 1 of 3.

**Signature Authority on Account to Be Charged:** `Name of authorized signatory.`

**Today's Date:**   11/13/2020

o Grant Funds? – Check if grant funds. If not, leave it unchecked.

o Grant End Date – Date will default to the current date.
   If Grant Funds are used, modify date to the appropriate end date of the grant.

o Total Amount – Enter only if you wish to charge a specified amount. Otherwise, leave blank.

- o or Percentage – Enter only if you wish to pay for a student's T&F based on a specified percentage. For example:
  - ▪ Enter "100" for 100% coverage if sponsoring student's full T&F from the account provided.
  - ▪ Enter "50" for 50% if sponsoring half of student's T&F from the account provided.
  - *(If using multiple accounts, a sponsorship form is required for each account. <u>Only one account per form, per student, per semester.</u> Please make note under "Comment.")*

- o Submission of the Sponsorship Authorization Form will pay for a student's tuition and required fees.

- o Although the following options are available to select, in general, sponsors do not pay for the fees mentioned below, <u>except</u> for Liability Insurance:

| | | |
|---|---|---|
| ☐ Audit Fee | ☐ Late Payment Fees | ☐ Repatriation/Evacuation Fee |
| ☐ Graduation Fee | ☐ Late Registration Fees | |
| ☐ Student Health Insurance | ☐ Liability Insurance | |

*<u>Do not</u>* check the boxes for the fees listed, unless the sponsor plans to pay that fee for the student. Students are responsible for the above mentioned fees.

The *only exception* is the Liability Insurance, also known as Medical Liability Insurance. This fee is assessed once a year for MD/PhD students only, to be paid by the sponsor. **Please check the Liability Insurance box if your form is for an MD/PhD student**. Sponsor will only be charged for Medical Liability Insurance if the student has this fee in their bill. Sponsor will not be charged if the student does not have this fee in their bill.

- o Comment – Enter any information you need to share with the Bursar's Office.
  *(Use this section to explain if using multiple accounts. Example: T&F paid on 2 accounts. Form 1 of 2.)*

- o Signature Authority on Account to Be Charged – Enter name of authorized signatory of the account

- Enter your Contact Information:

**Contact Information (person submitting form)**

First Name: _____ Last Name: _____

Title: _____

Student Email:: [redacted]

Sponsor/Admin Email: _____

Submitter Email: _____

Phone: _____ Fax: _____

You must Print this completed form if you would like a copy for your records.
The Bursar's Office receives only the data entered into the form and cannot provide a copy of the form.

Print ← 1

2 → Submit    Cancel

1. Press "**Print**" first to print a copy of the form for your records. *(highly recommended)*
2. Press "**Submit**" to submit the form to the Bursar's Office. Once you submit, the "Submit" button will disappear and the form will be sent directly to the Bursar's Office.

Press "**Cancel**" if you no longer wish to "Submit" the form, or if you need to re-start again.

- A Message will appear confirming that your form has been successfully submitted to the Bursar's Office.



o You can print or copy the Message for your records.
o Press "**OK**" to continue.

- The "Submit" button will disappear, and the "Create New Form" button will appear.



o Press "**Create New Form**" if you wish to submit another form.
o Exit from the screen or form completely if you are finished.

- You (Submitter), the Student, and the Sponsor/Admin Email you entered, will also receive the following email message:



Questions related to your submitted form?

**CONTACT THE BURSAR'S OFFICE:**
☎ 713-500-3088
✉ sponsorbilling@uth.tmc.edu