

AUTHORIZATION OF FINANCIAL SUPPORT BY THE EMPLOYER

(Should be the original document to attach to the registration file)

To the attention of University Claude Bernard Lyon1, long-life learning department

I certify

Holding the position of

COMPANY NAME:

N° SIRET (14 figures) : |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|_| [French / or Legal Registration Number]

Legal status: Private Governmental

Commit to pay the registration fees to the University Claude Bernard Lyon 1 for:

Student Last Name:

Student First Name:

To the following course - Exact course title:

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Dates of the training:

Registration fees amount:

Addresses of convention and invoicing: ()

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Address of invoicing

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If the invoicing goes to another organization, please attach a supporting evidence

Contact Name:

Phone:

In case of absence, renunciation or if the financial organization has not paid the remaining requested fees for any reason, the student or the employer – when relevant – should pay the balance.

Company stamp :	Date : Signature of the Contact :	Signature of the Student :
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