



Internal Notification of Sponsorship

This form is to be completed only by faculties and business units associated with the University of Canberra who wish to engage in a sponsorship or partial sponsorship arrangement for any university student. Please read the terms and conditions before signing this form.

FACULTY / DIVISION

<input type="checkbox"/> Faculty of Business, Government & Law	<input type="checkbox"/> University of Canberra College
<input type="checkbox"/> Faculty of Education, Science, Technology & Maths	<input type="checkbox"/> Institute for Applied Ecology
<input type="checkbox"/> Faculty of Health	<input type="checkbox"/> NATSEM
<input type="checkbox"/> Faculty of Arts & Design	<input type="checkbox"/> ANZSIG
<input type="checkbox"/> Other	<input type="text" value="(Please specify)"/>

BILLING & AUTHORIZING OFFICER

Billing Contact	<input type="text"/>	Contact Details	<input type="text" value="PH:"/>
Billing Details	<input type="text" value="(eg. Office Location/Address)"/>		<input type="text" value="E:"/>
	<input type="text"/>		<input type="text"/>
Authorizing Delegate	<input type="text"/>	Funding Cost Centre	<input type="text"/>
Signature	<input type="text"/>		

SPONSORSHIP DETAILS

Student ID	<input type="text"/>	Course to be Sponsored	<input type="text"/>
Student Name	<input type="text"/>		
Will the student be sponsored for the duration of their course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, please provide the dates of the sponsorship			
Start Date	<input type="text" value="DD / MM / YYYY"/>	End Date	<input type="text" value="DD / MM / YYYY"/>
Fees to be sponsored	<input type="checkbox"/> Tuition Fees	<input type="checkbox"/> Whole Amount	or <input type="checkbox"/> Flat Amount <input type="text" value="A\$"/>
			or <input type="checkbox"/> Percentage <input style="width: 50px;" type="text" value="%"/>
	<input type="checkbox"/> SSAF	<input type="checkbox"/> Overseas Health Cover	

STUDENT DECLARATION

Student Declaration I understand that, if for any reason, the conditions of my sponsorship change, or it is withdrawn, I will notify the University immediately. I understand that I am liable for any fees outstanding and that if all fees for a teaching period are not paid by the end of each study period, I will not be permitted to re-enrol, receive my results for the semester, or graduate until full payment is received. I agree to abide by the terms and conditions outlined on the second page of this form.

Student Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>
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TERMS AND CONDITIONS FOR SPONSORS

1. This form is to be completed only by faculties and business units associated with the University of Canberra who wish to engage in a full sponsorship or partial sponsorship arrangement for any nominated university student.
2. Please be aware that by completing this form, an invoice will be sent to the billing officer for payment. This form does not entitle the nominated student to a 'fee waiver'. All tuition fees for nominated student must be paid in full.
3. Faculties and business units who have indicated that they will be paying a student's Overseas Student Health Cover (OSHC) should note that this fee varies according to whether the student requires single or family cover and the length of their cover.
4. Faculties and business units will be invoiced after census date of each teaching period, directly by the Student Administration. All fees and charges covered by the agreed sponsorship(s) will be required to be paid within the time period specified on the invoice (30 days). If all fees for the current teaching period are not paid by the due date stated on the invoice, the student will have their university services suspended preventing the student from obtaining results, preventing enrolment for further teaching periods, nor be permitted to graduate until paid all outstanding debts are paid.

TERMS AND CONDITIONS FOR STUDENTS

1. In order for your sponsor to be recognised for billing purposes, the University requires the information set out overleaf. The sponsor must verify the information. You and your sponsor must complete the details overleaf, before the sponsorship is officially set up.
2. This form must be submitted prior to the census date of the commencing teaching period.
3. If you are a Commonwealth supported student, you must complete a Request for Commonwealth Support and HECS-HELP form, selecting the full upfront payment of your student contribution amount option. Please consult the Enrolments & Fees team within Student Administration to check that your payment option is correct.
4. By signing the Student Declaration overleaf, you are providing unconditional consent for Student Administration to release any or all information regarding enrolment and academic progress.
5. If you have any questions about sponsorship, or you wish to update these details, please contact the Enrolments & Fees team. You must notify the Enrolments & Fees team immediately if your sponsorship arrangement changes.
6. If you transfer courses or apply for admission to a new course, you must complete a new sponsorship form. This form is only applicable for the course listed on the front of the form. It is the responsibility of the student to notify the Enrolments & Fees team if they transfer or apply for admission to a new course.
7. It is your responsibility as the sponsored student to ensure the fees are paid on time. If all fees for a teaching period are not paid by the last day of the teaching period, you will not be permitted to enrol for any further study and your results for the semester will be withheld until full payment is received. If you are nearing completion of your degree and fees are outstanding you will not be permitted to graduate until you or the sponsor has paid all outstanding debts.

Please lodge completed form:

in person at
Student Central
Building 1
University of Canberra

via internal mail to
Enrolments and Fees,
Student Administration
Scrivener Building

E: Sponsorships@canberra.edu.au
T: +61 2 6206 8752
CRICOS Provider Number: University of Canberra
#00212K

OFFICE USE ONLY

Received by

Date

DD / MM / YYYY

Entered by

Date

DD / MM / YYYY