



University of Ballarat Higher Education  
PO Box 663 Ballarat VIC 3353 Australia

# Employer Authorisation to pay Tuition Fees

<input type="text"/>	<input type="text"/>	<input type="text"/>
University of Ballarat Student ID Number	Program Code	Year Level

<input type="text"/>	<input type="text"/>
Campus or Provider and Location	Campus Code

Employer **must** sign this form before submitting to Student Fees, Mt Helen. A purchase order requisition or a letter from your employer to authorise the invoice **must** also be attached to this form.

**Personal Details:** Title  First Name

Other Names

Family Name

Date of Birth  /  /  Gender *Male*  *Female*  Are you an International Student studying in Australia?  YES  NO

**Contact Details: During Semester and Lecture Breaks**

Australian Mobile

Australian Home Telephone (  )

Mailing Address  International Home Telephone 0011 + *Country Code* (  )

Suburb/Town/City

Country  State  Post Code

eMail

**My employer has agreed to pay the tuition fees related to my program below:**

Program Code  Year Level  Academic Career *Undergraduate*  *Postgraduate*  *Research*  *Non Award*

Program Name

Academic Plan Code  •  •  Semester Start Date  /  /

Academic Plan Name   
*(ie: Strand, Major, Minor)*

**Employer Details:** Contact Person

Position

Company Name

Company Address

Suburb/Town/City

Country  State  Post Code

Telephone (  )  ABN

Authorisation Start Date: *Semester*  *Year*  *Authorisation End Date: Completion of the above program*  YES **or** *Semester*  *Year*

Employer Signature  Date  /  /

**Declaration:** I declare that I have read the instructions and that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the termination of my enrolment with the University of Ballarat. I agree to release and indemnify the University of Ballarat and its officers, employees, agents, partners and contractors from and against any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information. I understand that my employer has the authority to obtain, at any time throughout my program, information concerning my progress from Ballarat University and that continuation of financial assistance is dependant on my satisfactory progress throughout the program.

Student Signature  Date  /  /

**Student Fees (Office Use)** *Copy on file at Student Fees. Original to be filed at Student Administration.*

Entered by:  *mySC Updated (Please tick)*  YES

Student Fees Signature  Date  /  /

Distribution List:  Student Administration  Student Fees