This form should be completed by any organisation wishing to sponsor a student (i.e. pay the fees) undertaking a course at Victoria University.

The signing of this form indicates acceptance of the stated Terms and Conditions and entry into a tri party contract between the Sponsor, Student and Victoria University.

The Terms and Conditions are intended to protect the Sponsor, Student and Victoria University by informing all parties of their rights and responsibilities of the agreement. Students and Sponsors must read these Terms and Conditions prior to signing this agreement.

The Terms and Conditions can be found at www.vu.edu.au/askvu.

This Sponsorship agreement will be valid for the period as stated on this form. Items covered by this Sponsor Agreement are stated on this form, e.g. sponsored student details, fee types. Sponsored students must ensure that the completed form is attached to their Victoria University enrolment form.

Please write in BLOCK LETTERS using a black or blue pen.

SECTION A SPONSOR DETAILS
SPONSORING ORGANISATION NAME: ____________________________

STREET NUMBER AND NAME: ____________________________

STREET NUMBER AND NAME: ____________________________

SUBURB: ____________________________ STATE: __________ POSTCODE: __________

NAME OF CONTACT PERSON: ____________________________

PHONE: ____________________________ FAX: ____________________________ ABN/CAN: ____________________________

EMAIL ADDRESS: ____________________________

SECTION B SPONSORSHIP AGREEMENTS
COURSE CODE: ____________________________ COURSE NAME: ____________________________

SPONSORED FEE TYPE
(Please indicate the fee type that the sponsor will be liable for — the student will be liable for all other fee types not listed below)

☐ Tuition Fees and/or Student Contribution only

☐ Materials and Ancillary fees (Material fees with GST)

☐ Student Services and Amenities Fee (SSAF)

☐ All of the above fees

☐ Amount ($ amount or % value) ____________________________

DURATION (Please tick the duration of the sponsorship period below)

☐ WHOLE YEAR or ☐ TEACHING PERIOD (Please indicate)
YEAR: __________ Period: __________

LIABILITY FOR AMENDMENTS TO ENROLMENT DURING THE SPONSORSHIP AGREEMENT PERIOD
(Please indicate if you are accepting liability for all changes made to the enrolment of the nominated sponsored student in the stated course within the stated duration — select only one option)

☐ Liability for changes to enrolment of nominated sponsored student i.e. unit fees additions and/or materials fees additions

☐ NOT liable for changes to the enrolment of the nominated student
STUDENT DETAILS

FAMILY NAME:          STUDENT ID:

GIVEN NAME:          


SECTION C AUTHORIZATION

SPONSOR AUTHORIZATION

I confirm that:

• the Sponsor details provided in Section A of this form or that have been provided to VU previously and recorded against the Sponsor ID listed in Section B are correct;
• I am authorised to sign this agreement on behalf of the Sponsor Organisation; and
• I have read and accept the Terms and Conditions of the Sponsor Agreement, and agree to accept liability for the student’s fees as stated on the Sponsorship Agreement form.

NAME:            PHONE:

POSITION TITLE:

SIGNATURE:           DATE:

STUDENT AUTHORISATION

I confirm that:

• all details that have been supplied to Victoria University previously and recorded on the External Sponsor Agreement form are correct;
• I have read and accept the Terms and Conditions of the Sponsor Agreement, and agree to the stated terms and responsibilities; and
• I authorise for the University to release information including my course enrolments, units, tuition fees and results to my sponsor as indicated on this form.

STUDENT SIGNATURE:           DATE:

OFFICE USE

ONLY

FEES PROCESSING

☐ Sponsor code entered on student record ☐ Sponsor invoice raised ☐ Copy of Sponsor invoice sent to Organisation

PROCESSED BY:       DATE:

CONTACT

Enquiries  ASKVU www.vu.edu.au/askvu
Phone  +613 9919 6100
Web  www.vu.edu.au/current-students

STUDENT SERVICE CENTRES

City Flinders  Newport
City King  St Albans
Footscray Nicholson  Sunshine
Footscray Park  Werribee
Melton

MAIL TO

Enrolments Office
St Albans Campus
Victoria University
PO Box 14428
Melbourne VIC  8001

PRIVACY INFORMATION

We collect your personal information in accordance with the Privacy Statement for students (www.vu.edu.au/current-students/student-essentials/commonly-used-forms) and the Privacy Policy (www.vu.edu.au/privacy).