

**APPLICATION FOR TUITION FEES** **ASSISTANCE**

*(refer to Tuition Fees Policy for details, please complete a new form for each semester*)

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| **Name:** Staff Member(Family name ) (First name) | | | | | | | | |
| Staff ID: (If applicable) **Date:** | | | | Contact No: **Email:** | | | | |
| **School/Service Group:** | | | | | | | | |
| Position | | | | | | | | |
| Fulltime: | | Part-time | | | No. of hours | | |  |
| DETAILS OF PLANNED COURSE | | | | | | | | |
| **Course of study:** | | | | | | **Duration of Study: S1 / S2**  (please circle) | | |
| **Area of study:** | | | | | | **Total Semester Cost: $** | | |
| **A: Work-related study** - *This course of study directly contributes to the staff member’s performance of duties and professional development* | | | | | | | | |
| Reason:  Amount already reimbursed or paid by Unitec this financial year: $ | | | | | | | | |
| **B: Non-work-related study** - *This course of study contributes to the staff member’s personal enjoyment or personal development not specifically related to their work.* | | | | | | | | |
| Reason: | | | | | | | | |
| I declare the following information is true and correct. I agree that I shall pay any fees by the due date and any fees refunded to me will be repaid to Unitec | | | | | | | | |
| **Year** | **Semester** | | **Fees** | | | | **Bond** | |
| 20XX |  | |  | | | |  | |
| **Staff Name** |  | | **Signature** | | | | | |
| **Position title** |  | |
| **Cost Centres Manager Name** |  | | **Signature** | | | | | |
| **HR Business Partner Name** |  | | **Signature** | | | | | |
| **Attach any supporting documents to this application which may be relevant for approval**  *e.g. funding schedule, evidence of enrolment confirmation, relevant receipts, evidence of successful study completion*  Please send the completed signed form to: [**human.resources@unitec.ac.nz**](mailto:human.resources@unitec.ac.nz) | | | | | | | | |