

Cross-Institutional Study

Home Provider Endorsment Form



Use this form if you are a student at another higher education institution applying to study a unit (or units) at Avondale University (Avondale).

Have the appropriate person at your university complete the Home Provider section and sign and stamp form.

To be completed by the Applicant

Last Name/Surname: First/ Given Name(s):

Home Institution/Provider Name:

Title of the current program (award) at your home institution, towards which credit will be granted:

Indicate the Avondale unit(s) to count towards your current program

UNIT CODE	UNIT TITLE	SEMESTER	ATTENDANCE MODE
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To be completed by the Home Provider

Credit to be granted by the home institution? Yes No

Is the student enrolled in a Commonwealth Supported Program? Yes No

If YES, please confirm the year of commencement in the current program (award)?

Does the student pay Domestic Full Fees? Yes No

If YES, does the student use FEE-HELP? Yes No

Does the student pay International Full Fees? Yes No

Authorised Officer Full Name:

Position Title:

Email:

Contact Number:

Date (DD/MM/YYYY):

Authorising Home Institution/Provider official stamp:

Authorised Officers Signature:

Lodging the form

Scan and upload your completed Home Provider Endorsement form with your Cross-institutional Study Application Form and your Academic Transcript. You will find a link to Avondale's Cross-institutional Study Application Form here - <https://www.avondale.edu.au/forms/>

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