

# STAFF TUITION DISCOUNT

## APPLICATION FORM



Submit form by one of the following methods:

- I By email to [peopleandculture@avondale.edu.au](mailto:peopleandculture@avondale.edu.au)
- I In person to Student Finance
- I By post to People and Culture, PO Box 19, Cooranbong NSW 2265 Australia
- I Phone +61 2 4980 2108
- I Fax +61 2 4980 2118

### DESCRIPTION

Discounts are available to eligible academic and professional/general staff for studies at any academic level.

### CRITERIA

- I Full-time staff may take 1 Avondale unit per semester free of tuition fees (equivalent to the value of 1 standard unit), and may take additional units with 50% tuition fee discount (equivalent to the value of one standard unit). Additional fees above the standard unit rate and any other fees such as laboratory fees etc. will need to be paid by the staff member.
- I Part-time staff on at least a 50% workload are eligible for tuition fee discounts corresponding to the proportion of a full-time load worked. Part-time staff with less than a 50% workload and casual staff are not entitled to tuition fee discounts.

### APPLICATION PROCESS

1. Staff member to obtain and Read the 'Staff Tuition Discount Policy'
2. Discuss the matter of planned study with your Dean or Head of Department (HOD) to determine if there will be any potential effect on work commitments and/or if any accommodation may be made ie. attendance at classes, winter school, exams etc.
3. Forward to People and Culture to confirm eligibility.
4. People and Culture to forward to Student Finance.
5. Student Finance to advise of Approval/details of eligible discount amount.

### PERSONAL DETAILS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Staff ID Number: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Semester 1 No. of Units: \_\_\_\_\_ Year Long No. of Units \_\_\_\_\_ Semester 2 No. of Units \_\_\_\_\_ (please tick only one teaching period per application)

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOD/Dean Name: \_\_\_\_\_

HOD/Dean signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DON'T COMPLETE THIS FORM IF YOU DON'T MEET THE ABOVE CRITERIA**

### HR - STAFF MEMBER DETAIL

Full time: \_\_\_\_\_ Part-time: \_\_\_\_\_ FTE %: \_\_\_\_\_

Approved: \_\_\_\_\_ Not-approved: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Finance**  
Details of approval