



## SPONSORSHIP AGREEMENT FORM

This form should be completed by any Third Party wishing to sponsor (i.e. pay the fees for) a student undertaking a course at Swinburne University of Technology. **This form is not to be used for international student sponsorships or department/centre sponsorships.**

The signing of this form indicates acceptance of the stated Terms and Conditions and entry into a tri party contract between the sponsor (Third Party) being an external organisation. The Terms and Conditions are intended to protect the student, Third Party and Swinburne University by informing all parties of their rights and responsibilities of the agreement. **The student and the Third Party must read these Terms and Conditions prior to signing this agreement.** The Terms and Conditions can be found at: [www.swinburne.edu.au/student-administration/fees](http://www.swinburne.edu.au/student-administration/fees)

Items covered by this Sponsorship Agreement are stated on this form e.g. sponsored student details, fee types.

Please write in BLOCK LETTERS using a black or blue pen. If you are sponsoring multiple students, please complete Section A – Sponsor Details and photocopy the form to use as a template for each sponsored student.

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### SECTION A - SPONSOR DETAILS (SPONSOR MUST COMPLETE THIS SECTION)

ORGANISATION NAME: \_\_\_\_\_

LEGAL NAME: \_\_\_\_\_

ORGANISATION TYPE: \_\_\_\_\_

ABN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

TITLE OF CONTACT PERSON Mr/Ms/Dr \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

REMINDER PERSON (IF DIFFERENT TO CONTACT PERSON): \_\_\_\_\_

PREFERRED FORM OF COMMUNICATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

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### SECTION B – SPONSORSHIP AGREEMENT (SPONSOR MUST COMPLETE THIS SECTION)

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).

- Student Services and Amenities fee only
- Tuition fees and/or student contribution only
- All enrolment fees (i.e. Student Services and Amenities fee, Tuition fees and Student Contribution)
- Amount \_\_\_\_\_ or  % \_\_\_\_\_

**SPONSORSHIP DURATION** (Please indicate the duration of the sponsorship period below)

- By Teaching Period  Whole Year or  Full Course Duration

**INVOICE PREFERENCE** (Please indicate how you would like to be billed)

- Whole Year or  By Teaching Period



## SPONSORSHIP AGREEMENT FORM

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### SECTION B – (cont.) SPONSORSHIP AGREEMENT (SPONSOR MUST COMPLETE THIS SECTION)

#### STUDENT DETAILS

STUDENT ID: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

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### SECTION C – AUTHORISATION (SPONSOR & STUDENT MUST COMPLETE THIS SECTION)

#### SPONSOR AUTHORISATION

I confirm that:

- The sponsor details provided in Section A of this form are correct;
- I am authorised to sign this agreement on behalf of the organisation;
- I have read and accept the Terms and Conditions of the Sponsorship Agreement, and agree to accept liability for the Student's fees as stated on the Sponsorship Agreement form;
- I understand that fees are reviewed annually and that course costs are subject to change each year; and
- I understand the sponsor invoice must be paid within 30 days of the issued date.

SPONSOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AUTHORISED FINANCIAL DELEGATION: \_\_\_\_\_

#### STUDENT AUTHORISATION

I confirm that:

- All the details that have been supplied to Swinburne University on the Sponsorship Agreement form are correct;
- I have read and accept the Terms and Conditions of the Sponsorship Agreement, and agree to the stated terms and responsibilities;
- 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; and
- I understand I will be liable for any outstanding fees if my sponsor does not pay my sponsorship fees.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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#### SUBMISSION OF SPONSORSHIP AGREEMENT FORM

(Submit your completed form in person at any Student HQ office or by email or post)

##### EMAIL

[studentdebt@swin.edu.au](mailto:studentdebt@swin.edu.au)

##### POSTAL ADDRESS

Student Financials (Mail LU6)  
Swinburne University of Technology  
PO BOX 218  
HAWTHORN VIC 3122

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#### PRIVACY INFORMATION

The personal information we collect on this form is for the purpose of enabling you to enrol in your chosen course of study and for Swinburne University of Technology to deliver that course and related services to you. Swinburne University of Technology collects, uses and destroys personal information in accordance with our Privacy Policy. The Privacy Statement can be viewed at:

[www.swinburne.edu.au/privacy](http://www.swinburne.edu.au/privacy)