

## **Cross Institutional Enrolment at UNSW**

**Confirmation of Fee Status** 

## SECTION 1: PERSONAL AND HOME PROVIDER DETAILS

Family Name:	Given Name:
Student ID (if known):	Date of Birth:
Telephone: ( )	Email:
Home Institution Name	
Name of Program towards which credit will be gra	inted

## SECTION 2: STUDENT LIABILITY STATUS DETAILS - HOME INSTITUTION TO COMPLETE

Is the student Commonwealth Supported?	Yes		No		
If yes, is the student classified as a Pre 2021 student (i.e. eligible for grandfathering of their student contribution)?	Yes		No		
If the student is not Commonwealth Supported, are they eligible for FEE-HELP Assistance?	Yes		No		
Authorised Officer's Name (please print)			è		
Contact Telephone		Date	Date		

University Stamp