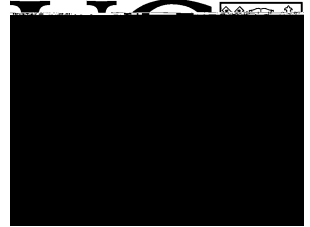




# Associate Teacher Fee Waiver Application Form



Associate Teacher Name: \_\_\_\_\_

UC Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School/Centre/Kindergarten Name: \_\_\_\_\_

Please indicate which course you wish to apply for a fee waiver for (one only):

<b><i>Please tick qualification</i></b>	<b>Course Code</b>	<b>Course Name</b>
Postgraduate Certificate in Education		
Postgraduate Diploma in Education		
Master of Education		
Postgraduate Certificate in		