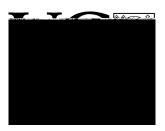
Associate Teacher Fee Waiver Application Form



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):

Please tick qualification	Course Code	Course Name
Postgraduate Certificate in Education		
Postgraduate Diploma in Education		
Master of Education		

Postgraduate Certificate in