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