

Application to Undertake a Program of Study- With or Without Reimbursement

Full name	
Staff number	
School/ Unit	

I wish to apply for approval to undertake an Approved Program of Study to access study leave and/or examination leave only: - OR -

I wish to apply for approval to undertake an Approved Program of Study to access study leave and/or examination leave and/or reimbursement of 50% of study fees:

Name of Proposed Program	Education Provider	Level of Award	Estimated full cost of study fees for the duration of the program

Note: If the proposed program is not a UON program, please provide explanation below.

Briefly outline the benefits you expect to receive from your program of study, and those you perceive for the University:

Please detail any previous study programs that UON has reimbursed you for (N/A if not applicable):

Previous Program of Study	Dates	Amount reimbursed	Successfully completed

Previous Program of Study	Dates	Amount reimbursed	Successfully completed

In applying for approval to undertake the proposed program of study I:

- have read and understood the Study and Reimbursement of Fees Procedure

In applying for approval to be reimbursed 50% of the study fees:

- I will claim reimbursement after the successful completion of each course/ subject;
- I will supply evidence of the successful completion of the course/ subject and evidence of payment or deferral of payment (via HECS-HELP or FEE-HELP), when applying for reimbursement ;
- I will claim credit for previous study where applicable;
- I understand that reimbursement will not be provided for repeat courses.

Signature of Staff member

Date

--	--

SUPERVISOR'S APPROVAL

The program of study is appropriate to the applicant's current or likely future duties and responsibilities at the University	
The staff member displays satisfactory conduct and service	
I have considered the impact that any examination or study leave will have on School/ Unit resourcing	

Supervisor Comments:

--

I approve the application to undertake the program of study:

Name of supervisor

Signature

Date

--	--	--

Note: the remainder of this form only needs to be completed if the staff member is applying for study fee reimbursement.

HEAD OF SCHOOL/ DIRECTOR APPROVAL

The program of study is appropriate to the applicant's current or likely future duties and responsibilities at the University	
There are sufficient funds available to cover 50% of study fees and FBT liability	

I approve for the staff member to be reimbursed 50% of the study fees for the proposed program of study.

Name of HOS/ Director

Signature

Date

--	--	--

Once completed, the form should be retained by the staff member. A copy should be kept by the supervisor.