## APPLICATION TO UNDERTAKE A PROGRAM OF STUDY



## With or Without Reimbursement

Full name				
Staff number				
School/ Unit				
<ul><li>I wish to apply for app examination leave only:</li></ul>			red Program of Study	to access study leave and/or
	up to	50% reimbursement fo		to access study leave and/or ewcastle study fees and/or
Name of Proposed Program		Education Provider	Level of Award	Estimated full cost of study fees for the duration of the program
<b>Note:</b> If the proposed pro explanation below. Briefl those you perceive for the	y outli	ne the benefits you exp	·	ogram, please provide our program of study, and
Please detail any previous	studv	programs that the Univ	versity of Newcastle l	nas reimbursed you for (N/A
if not applicable):	,	F - 6.		( ),
Previous Program of St	udy	Dates	Amount reimburse	d Successfully completed
Previous Program of St	udy	Dates	Amount reimburse	d 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; and
- am eligible for study leave, examination leave and possible reimbursement of associated fees in accordance with the relevant Enterprise Agreement.

In applying for approval to be reimbursed up to 50% of the University of Newcastle study fees and/or up to 25% for other institutions:

- 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.

Page 1 Version: February 2023

Signature of Staff member	Date	
AUTHORISED DELEGATE'S APPRO	/AL	
The program of study is appropria duties and responsibilities at the	• •	or likely future
The staff member displays satisfa	ctory conduct and service	
I have considered the impact that School/ Unit resourcing	any examination or study leav	ve will have on
Supervisor Comments:		
I approve the application to unde	rtake the program of study:	
rapprove the application to unde	itake tile program of study.	
Name of Authorised Delegate	Signature	Date
<b>Note:</b> the remainder of this form o reimbursement.	nly needs to be completed if the	he staff member is applying for study fe
AUTHORISED DELEGATE:		
The program of study is appropria duties and responsibilities at the	• •	or likely future
There are sufficient funds available	es and FBT liability	
I approve for the staff member to fees and/or up to 25% for other in	•	
Name of Authorised Delegate	Signature	Date

Once completed:

- the form should be retained by the staff member
- a copy should be kept by the School/Unit
- a copy should be forwarded to Human Resource Services to retain on the staff member's personal file

Page 2 Version: February 2023