**OVERSEAS STUDENT SPONSOR STATEMENT**

**This form is to be completed by the Sponsor of an Overseas Student**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sponsor details** | | | | |
| Name of sponsor or of sponsoring organisation |  | | | |
| Billing address |  | | | |
| Postcode |  | Country |  |
| Liaison Officer  (Invoices will be addressed to this person) | Name |  | | |
| Telephone |  | | |
| Email |  | | |

|  |  |
| --- | --- |
| **Student details** | |
| Student Name |  |
| Student ID #  (if available) |  |
| Course Name |  |
| College/School |  |

|  |  |  |
| --- | --- | --- |
| **Sponsor Undertaking** | | |
| **The Sponsor undertakes to sponsor financially the above-named student for the duration of enrolment at the University of Divinity.**  **This sponsorship includes payment of the following:**  (Please tick all that apply) | | |
| All Course Fees |  | If only partial course fees are covered by sponsorship, please itemise the portion which is covered below: |
|  | |  |
| Accommodation |  |  |
| Meals |  |
| Travel within Australia |  |
| Health Insurance |  |
| Entertainment |  |
| Per diem expenses |  |

|  |  |  |
| --- | --- | --- |
| **Liaison Officer Signature**  I confirm the above information is true and accurate. | | |
|  | Date | /    / |

**Please submit this form to** Student Services

Office of the Vice-Chancellor

90 Albion Road, Box Hill VIC 3128

Email: academicservices@divinity.edu.au