

HOME PROVIDER ENDORSEMENT FORM

Updated December, 2016

- This form is for Cross-Institutional applicants wishing to study at BBI-TAITE
- Form to be signed and stamped by the Authorised Staff Member of the Home Institution

Personal Details of Student

Title _____ Surname _____ Other Names _____

Date of Birth _____

Course Details

Home Institution _____

Student Number at Home Institution _____

Current Course of Study at Home Institution _____

Unit of study at BBI-TAITE _____

1. Will the results in the unit/s indicated on this form be available as credit towards the nominated course?
 Yes No
2. If the student is not Commonwealth supported and is a full-fee paying domestic student, does the student use FEE-HELP? Yes No
3. Student CHESSN if known (if FEEHELP is used at Home Institution): _____

Authorised Officer's Name _____

Position Title: _____

Contact number: _____ Date: _____

HOME PROVIDER'S OFFICIAL STAMP

Documentation received without the Authorising Officer's signature and stamp will NOT be processed.

Authorised Officer's Signature _____

Please return this form by email to: studentservices@bbi.catholic.edu.au