



Dear Sponsor

Please complete the following to confirm that your organisation will be providing sponsorship for the student below for the duration of their studies at The University of Western Australia. **The University will not issue student visa documentation until this document has been completed, signed and returned.**

Student ID

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Surname

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Given Name

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I hereby declare that the organisation named below will provide payment for the following charges during this student's period of study upon receipt of an invoice from The University of Western Australia (please tick those which apply):

- Tuition Fees
- Student Amenities and Services Fee – compulsory fee for students
- Overseas Student Health Cover for the duration of the student visa – SINGLE
- Overseas Student Health Cover for the duration of the student visa – DOUBLE / MULTI (please circle)

Duration of sponsorship \_\_\_\_\_ years \_\_\_\_\_ months



## SPONSORED CONTACT DETAILS FOR INVOICING

Name of Sponsor  
Contact

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Address

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Email

Telephone

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In signing below, I confirm I have the authority to sign this Guarantee on behalf of the sponsoring organisation.

Name of Sponsor  
Representative/Contact

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Email

Telephone

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Signature

Date

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**N.B. Further information may need to be requested prior to visa documentation being issued.**

**If the Sponsor has additional information to provide to UWA, please attach details to this document.**



## SPONSORED STUDENT DECLARATION

I, the undersigned, hereby declare that I will be personally responsible for any financial liability arising from my study at The University of Western Australia, which is not paid by my sponsor. This may include any outstanding amounts for my tuition fees, Overseas Student Health Cover and Student Services and Amenities Fee.

In addition, I hereby give the University of Western Australia permission to release information to my sponsor organisation regarding my academic progress.

Student ID \_\_\_\_\_

Surname \_\_\_\_\_

Given Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Name \_\_\_\_\_