



Cross Institutional Applicants Only Home Provider Endorsement

Please complete all fields below and have the appropriate person at your university complete the home provider section and sign and stamp the form. Then upload a copy of the completed form including a copy of your official academic record (transcript) with your [online application for admission](#).

To be completed by the Applicant/Student

Home Provider Name

Student
Surname

Student
First Name

Other Name/s
(If Applicable)

[Unique Student Identifier \(USI\):](#)

Title of current program towards which credit will be granted:

Please indicate the [UNE unit/s](#) to count towards your current program:

I have sufficient [SLE](#) and [HELP](#) debt to cover the units I will be enrolling in with UNE.

No

Yes

To be completed by the Home Provider

Is this request through the [RUN Program](#)?



No

Yes

Fees Information

Is the student enrolled in a commonwealth Supported Place?

No

Yes

Pre-2021 Rate Eligible?

No

Yes

If NO to the above, does the student pay Domestic Full Fees?

No

Yes

If NO to ALL of the above, does the student pay International Full Fees?

No

Yes

Authorising Officer

First Name

Surname

Position

Contact No.

Signature

Date

/ /

Home Provider's
Official Stamp