

Associate Teacher Fee Waiver Information

Associate teachers of the University of Canterbury College of Education, Health and Human Development are invited to apply for a 30% fee waiver for one course from our range of postgraduate and professional development qualifications.

Please note the following applies:

- One course scholarship per annum for those associate teachers prepared to host **at least three** Early Childhood or Primary students in the year of the scholarship.
- One course scholarship per annum for those associate teachers prepared to host **at least two** Secondary students in the year of the scholarship or those who did so in the immediate past year.

Send the attached completed Associate Teacher Fee Waiver form to the Professional Practice Administrator, College of Education, Health and Human Development, University of Canterbury, Private Bag 4800, Christchurch 8140. You can also scan it and email professionalpractice@canterbury.ac.nz

Fee Waiver Process

If you are unsure about your status as an Associate Teacher please contact the relevant Professional Practice Office before applying for a fee waiver.

Completed forms must be returned to the Professional Practice Office. You should ensure that your form is submitted at least two weeks before the start date of the course.

The Professional Practice Administrator will assess your application and inform you whether your application has been successful.

If successful, the form will be forwarded to the Fees and Adjustments Officer in the Finance Department, who will match it up with your Application to Enrol.

Enrolment

Course start dates are generally as given below, but there may be some variations. Please check the website <https://www.canterbury.ac.nz/study/qualifications-and-courses/> for the latest information and for other course dates.

Semester One: 22 February 2021

Semester Two: 19 July 2021

Questions?

If you require any further information please contact:

Professional Practice Administrators
Email: professionalpractice@canterbury.ac.nz

Phone: (03) 369 3413

Associate Teacher Fee Waiver Application Form

Associate Teacher Name: _____

UC Student Number: _____

Address: _____

School/Centre/Kindergarten Name: _____

Please indicate which course you wish to apply for a fee waiver for (one only):

<i>Please tick qualification</i>	Course Code	Course Name
<input type="checkbox"/> Postgraduate Certificate in Education <input type="checkbox"/> Postgraduate Diploma in Education <input type="checkbox"/> Master of Education		
<input type="checkbox"/> Postgraduate Certificate in Specialist Teaching <input type="checkbox"/> Postgraduate Diploma in Specialist Teaching <input type="checkbox"/> Master of Specialist Teaching		
<input type="checkbox"/> Postgraduate Certificate in Teaching English to Speakers of Other Languages <input type="checkbox"/> Master of Teaching English to Speakers of Other Languages		

Office Use Only

Name:

Date:

Signed:

Course Discount:

Acct Code: