

**Sponsor ID**  
*(Official use only)*



**INTERNAL SPONSORSHIP AGREEMENT**

**Type of Sponsorship**

- Faculty/Department
- University Sponsorship (requires Provost approval)

This agreement confirms the sponsorship of all students listed on the Sponsored Student Information Form (SSIF) and any future students added to the SSIF within 12 months from the date of this agreement. The sponsor commits to pay all invoiced fees for these students, as per the information stated on the SSIF. The sponsor agrees to inform the Fees office if any changes to these details are required (fees.sponsorship@acu.edu.au).

**SPONSOR DETAILS (for administrative purposes)**

Faculty/Department \_\_\_\_\_ Sponsor ID (if known) \_\_\_\_\_

Reason for sponsorship  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACU Contact name \_\_\_\_\_ Position \_\_\_\_\_  
Phone extension \_\_\_\_\_ E-mail address \_\_\_\_\_

**BILLING CONTACT (Not required for University Sponsorships)**

As above

ACU Contact name \_\_\_\_\_ Position \_\_\_\_\_  
Phone extension \_\_\_\_\_ E-mail address \_\_\_\_\_

**ALL INVOICES WILL BE SENT VIA E-MAIL**

**AUTHORISATION**

Executive Dean or Director signature (for Faculty/Department sponsorships) \_\_\_\_\_  
Date \_\_\_\_\_

OR

Provost Signature (for University sponsorships) \_\_\_\_\_  
Date \_\_\_\_\_

*Please forward the completed agreement form to the Fees Office – [fees.Sponsorship@acu.edu.au](mailto:fees.Sponsorship@acu.edu.au)*

