# Higher Education

## Employer Authorisation Form
## Higher Education/Postgraduate Student/s

CHARLES DARWIN UNIVERSITY

HE105 Last updated November 2016

I/We agree to pay Charles Darwin University the enrolment fees associated with the following student/s:

| Student No. | Student Name | Course Code | Course Name |
|---|---|---|---|
| | | | |
| I authorise disclosure of all information relating to my course and my participation to my third party sponsor. | | | Student signature: |
| **Student No.** | **Student Name** | **Course Code** | **Course Name** |
| | | | |
| I authorise disclosure of all information relating to my course and my participation to my third party sponsor. | | | Student signature: |
| **Student No.** | **Student Name** | **Course Code** | **Course Name** |
| | | | |
| I authorise disclosure of all information relating to my course and my participation to my third party sponsor. | | | Student signature: |

Please tick the appropriate box/es

| Fee Type | Semester 1 | Semester 2 | Semester 3 | Summer Semester | OUA Study Period/s |
|---|---|---|---|---|---|
| HECS-HELP | ☐ | ☐ | ☐ | ☐ | 1 ☐ 2 ☐ 3 ☐ 4 ☐ |
| Student Services and Amenities Fee | ☐ | ☐ | ☐ | ☐ | 1 ☐ 2 ☐ 3 ☐ 4 ☐ |
| Tuition (Post Graduate) | ☐ | ☐ | ☐ | ☐ | 1 ☐ 2 ☐ 3 ☐ 4 ☐ |

**Note:** This form is for 2017 only. A new form must be completed for 2017. Please notify us in writing if you wish to withdraw this contract, for any reason, during 2017. Higher Education Fees are subject to the Higher Education Act 2003 legislation and must be paid prior to the relevant census date.

Employer/Company Full Name

Postal Address

Phone Fax

Email

Company Order Number (if applicable)

Authorising Officer's Name (please print) Position

Authorising Officer's Signature Date

**Please return this form to Student Central, Charles Darwin University, Darwin, NT 0909. Fax (08) 8946 6642**
**Email: student.central@cdu.edu.au**