

International Student Sibling Tuition Fee Discount Application Form



Please complete ALL SECTIONS in BLOCK LETTERS using blue or black pens, and attach certified supporting documents

CDU offers a 10% tuition fee discount for siblings of international students enrolled in full-time study at the University.

ELIGIBILITY CRITERIA

1. Applicants must be on student visa and enrolled in full-time study at CDU.
2. Proof of sibling relationship (i.e. copies of yours and your sibling's birth certificates) must be provided with this application form at the time of submission.
3. The discount applies only to second and subsequent siblings.
4. The siblings do not need to study concurrently.
5. The discount will be applied each semester, subject to satisfactory academic performance each semester.
6. The discount is not transferrable for cash or refundable and cannot be transferred to a non-sibling.

APPLICANT DETAILS

Personal Details – Please use BLOCK LETTERS to complete your details as they appear in your passport

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr												
Family Name <small>(as shown in passport)</small>	<input type="text"/>																
Given Name(s) <small>(as shown in passport)</small>	<input type="text"/>																
CDU Student Number	S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth <small>(DD/MM/YYYY)</small>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>					Course at CDU	<input type="text"/>										
Email Address	<input type="text"/>																

SIBLING DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr												
Family Name <small>(as shown in passport)</small>	<input type="text"/>																
Given Name(s) <small>(as shown in passport)</small>	<input type="text"/>																
CDU Student Number	S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth <small>(DD/MM/YYYY)</small>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Course at CDU	<input type="text"/>																
Nationality	<input type="text"/>					CDU Course Start Date/Year	Semester <small>e.g. 1, 2, Summer (S)</small>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What evidence has been provided to prove the sibling relationship	<input type="text"/>																

DECLARATION BY THE APPLICANT

I declare that the information I have provided is true and correct and I have read and understood the conditions of application.

Signature of Student _____ Date _____ / _____ / _____