

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

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: _____
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Tuition (Post Graduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Note: This form is for 2008 only. A new form must be completed for 2009. Please notify us in writing if you wish to withdraw this contract, for any reason, during 2008. 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 post or fax this completed form to:

Student Services
Charles Darwin University
DARWIN NT 0909
Fax (08) 8946 6642