

# 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:
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:

HE105 Last updated January 2024

Please tick the appropriate box/es

Fee Type	Semester 1	Semester 2	Summer Semester	INT-1	NT-2	INT-3	INT-4	INT-5	INT-6
HECS-HELP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Services and Amenities Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition (Post Graduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** This form is for 2024 only. A new form must be completed for each year. Please notify us in writing if you wish to withdraw this contract, for any reason, during 2024. 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 Finance, Charles Darwin University, Darwin, NT 0909.  
Email: [fees@cdu.edu.au](mailto:fees@cdu.edu.au)