

Guardian Consent Form

Applicants under 18 years

Thank you for applying to study with us at Charles Darwin University (CDU).
We look forward to supporting you throughout this application process.

It has been identified that you will be under the age of 18 at the time of course commencement. Due to this, we have a duty of care to ensure that you are supported throughout your studies and are aware of the financial and time commitments required when undertaking higher education study.

This form will need to be completed by you and your guardian (parent/caregiver/legal guardian) prior to CDU assessing your application. Once complete, please email the completed form to the CDU Admissions Team at admissions@cdu.edu.au.

Applicant's Details

Application number	
Family name	
Given name(s)	
Date of Birth	
Contact number	
Email Address	

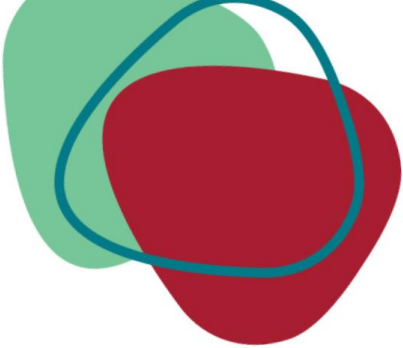
Applicant's Declaration

By signing this form, I confirm that I am aware of and understand the following:

- By undertaking a degree at CDU, I will be responsible for any tuition and student services and amenities fees (SSAF) incurred throughout my enrolment in the course.
- I have read the CDU information on [Fee Payments](#) and the [Higher Education Loans Program \(HELP\)](#) and I understand my responsibilities when enrolling into a [Commonwealth Supported Place \(CSP\)](#) course.
- I am aware of the time and commitment required to succeed in a higher education program and have made myself familiar with the [support services](#) available to me throughout my studies.
- I have discussed my study plans with my guardian and have the support required to continue the application process.

Signed _____

Dated _____



Guardian's Details

Family name	
Given name(s)	
Date of Birth	
Contact number	
Email address	
Relationship to Applicant	

Guardian Declaration

By signing this form, I confirm that I have read and ensured the applicant under my care understands the following:

- Their responsibilities with regards to any [Fee Payments](#) and loans, such as the [Higher Education Loans Program \(HELP\)](#), they incur or agree to during the course of their study.
- The requirements of students enrolled in a [Commonwealth Supported Place \(CSP\)](#).
- The time and commitments required to succeed in a higher education program and the [support services](#) available to them throughout their studies.

In addition, by signing this form I agree that

- I have discussed the applicant's study plans and options and am supportive of them proceeding with the application process.
- I will provide appropriate financial support to the applicant when needed before she/he/they attain the age of 18.
- I understand that, during their studies, the applicant may be appointed to or participate in a University governance or representative body. I acknowledge that this may involve additional responsibilities, including meeting attendance, conduct and confidentiality obligations, and I consent to their participation while under the age of 18.

Signed _____

Dated _____