

# Sibling Award Application Form

## International Students only

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

CDU offers a Sibling Award which provides 10 per cent reduction in tuition fees for siblings of international students.

**Deadline:** Applications have to be submitted on or before the census date of the semester. Deductions will not be applied for a given semester if the application is submitted after census date.

### 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 award applies only to second and subsequent siblings.
4. The siblings do not need to study concurrently.
5. The award will be applied each semester, subject to satisfactory academic performance each semester.
6. The award 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"/>
Nationality	<input type="text"/>		CDU Course	<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"/>
Course at CDU	<input type="text"/>				
Nationality	<input type="text"/>		CDU Course Start Date <small>(MM/YYYY)</small>	<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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Please print form to sign

Please return this form via email to [international@cdu.edu.au](mailto:international@cdu.edu.au)  
Office of International Services, Charles Darwin University.

CRICOS Provider No. 00300K (NT/VIC) / 03286A (NSW)