



SPONSORED STUDENT DISCLOSURE OF INFORMATION FORM

STUDENT DETAILS (TO BE COMPLETED BY THE STUDENT)

Family name: _____

Given name(s): _____

Student number: _____

I hereby authorise Curtin University to disclose relevant details of my application, enrolment and academic progress at the University to my sponsor.

Student's signature: _____ Date _____

PLEASE RETURN THIS FORM TO

Curtin International

Curtin University

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Perth 6845

Western Australia

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Fax: +61 8 9266 2605

Email: CI-accept@curtin.edu.au