



STUDENT PAYMENT PLAN REQUEST FORM

Student Name: (Mr. /Ms. /Mrs.) _____

Student ID Number: _____

Mailing Address: _____

Contact Number: (H) _____ (W) _____ (C) _____

E-mail Address: _____

Guarantor Name: (Mr. /Ms. /Mrs.) _____ Relationship: _____

Contact Number: (C) _____

PROGRAMME INFORMATION

Programme: _____

Year

Cohort: Sept / Jan / May 20 _____
(Started Programme)

NORTH / SOUTH

Cumulative GPA: _____

Number of courses: New _____ Repeat _____

Course Code _____

Course Code _____

Registration fees: _____ GATE Coverage: _____

Course Code _____

Course Code _____

Period of payment plan: September – December

January – April

May – August

Course Code _____

Payment Method: _____

Previously requested a payment plan? Yes No

If yes: Sept Jan May Year

PAYMENT TERMS (for internal use only)

Payment Plan Value: \$ _____

Immediate Payment: \$ _____

1st Payment of \$ _____ by _____ 20____.

2nd Payment of \$ _____ by _____ 20____.

3rd Payment of \$ _____ by _____ 20____.

Student Signature: _____

Date: _____

Guarantor Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Student Services Signature: _____

Date: _____

Verified by: _____

Date: _____

Approved by: _____

Date: _____

UWI School of Business and Applied Studies Limited reserves the right to decline any request for a Provisional Payment Plan and where approved, applicants will be subject to terms and conditions of payment.