

TUITION PAYMENT PLAN AGREEMENT FORM



You must meet all due dates established by the University.

DATE: STUDENT ID NUMBER: SEM/TRI/PENSTER:

STUDENT NAME:
 (last) (first)

ADDRESS:

EMAIL ADDRESS: TEL. # CELL #

Terms and Conditions

- I promise to pay Fiji National University all payments detailed in this payment agreement by the established deadline. I understand that the payment agreement can be established for only one term.
- I understand and agree that failure to pay all charges by the due date will leave my account subject to a hold being placed on my account and for financial penalties, including collection and legal fees.
- I understand and agree that withdrawal from the University does not release me from this payment plan obligation, any financial penalties or other collection cost.
- Failure to make payment in full will result in a financial hold being placed on your student account, which will prevent you from registering for the next term.

Late Payment Policy

- **Penalty and Late Fee.** If I fail to pay the full amount due on or before the due date, I agree to pay the default fee of \$10.00. The late fee will be added to my account starting from the day following the due date.
- **Lose eligibility for payment plan.** If I fail to pay my installments on time on more than one occasion, then I will not be eligible for a payment plan the following semester.
- **Readmission withholding.** If I have any outstanding tuition balance, then I will not be able to enroll for future classes until I clear all outstanding balance and I may risk my student status.

Payment Schedule

Total Charges:

Payment Number	Due Date	Amount	Balance	Finance Officer Sign Off	
				Payment Date/Default	Action Taken
1					
2					
3					
4					
5					
6					
7					

I agree, and have read and understood all the term and conditions.

Student Signature: Date:

Guarantor's Signature: Date:

Finance Representative: Date:

We are not obligated to inform you of the due dates. It's your responsibility to adhere to the due dates and avoid any additional fees.



PAYMENT PLAN APPLICATION

INTERNAL USE ONLY

Date Rec'd:

Initials:

- The total Payment Plan shall be completed two weeks before final exam.
- Cancellation of enrolment does not necessarily cancel the obligation to make all payments under the Payment Plan. Please refer to FNU Fees Policy.
- Student results will be withheld until the payment plan is finalized.

Please Use BLOCK letters – Please print your name in full

Student ID Number	Last Name	First Name		
Home Address	Phone Number (Home)	Local - Current	Cell	
Course Name		College		

1. Applications will only be approved for reasons of financial hardship or legitimate emergencies.
2. This payment plan is only for this term.
3. Students who do not meet the payment dates set out in the payment plan will not be eligible to apply for a payment for any future term and all fees payable for the current term will become due immediately.

REASON FOR PAYMENT PLAN REQUEST FOR PENSTER/TRIMESTER/SEMESTER/.....(YY)

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Average FORTNIGHTLY Income Details		Average FORTNIGHTLY Expenses Details	
Work (Wages)	\$	Rent/Board	
Parent/Spouse	\$	Telephone	
Other: (Specify)	\$	Electricity	
TOTAL FORTNIGHTLY INCOME	\$	Food	
(Please attach copy of last 3 pay slips, copy of recent utility bill)		Transport Costs	
		Stationery/Books	
		Loan Repayments	
		Clothes	
		Entertainment	
		Other: (Specify)	
		TOTAL FORTNIGHTLY EXPENSES	\$

Conditions – I declare that all information is true and correct. I understand that the approval of my application will commit me to an agreed schedule and that any failure to make payment will result in the termination of the agreed Payment Plan resulting in the full outstanding balance becoming immediately due and payable. Even if I withdraw from the program, I may still owe for unpaid fees if the courses have commenced regardless of whether I have actually attended these courses. These details may be used (as a default mechanism) to collect the outstanding debt through Data Bureau Ltd at my expense. I consent to FNU disclosing the information provided to obtain a credit check.

I agree to the above conditions and will make payments on or before the due date of the Payment Plan

Student Signature:		Date:	
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I understand and agree that I will be liable to pay all money owing by the Student to FNU if the student defaults in paying the debt under the Payment Plan.

Guarantor Signature:		Date:		DOB:	
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(Guarantor must be over 18 years of age. Please note if default occurs the Guarantor is liable for outstanding debt)

Guarantor Name:		Phone Number
Address:		

Student will be notified in writing about the outcome of this application within 3 working days.

Our affiliation with the Data Bureau Ltd will lead to an update of your default on their network, which will be accessible by all major finance, credit and banking institutions in Fiji. This may lead to a poor credit standing if and when future loans are applied for.

University Use Only

Total Income	\$
Total Expenditure	\$
Net Fortnightly Position (Income less Expenses)	\$

- Credit History Checked
- Identification Provided (outline)
- Application Approved Total Fees: \$.....
- Application Not Approved – Reason Notification Date:

Name & Signature of Delegated Officer

Date: