



DIVISION OF FINANCE	INTERNAL USE ONLY		
	Date Received:		Initials:

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

Please Use BLOCK letters – Please print your name in full

Student ID No.	Last Name:	First Name:		
Home Address:	Phone No. (Home):	Local - Current:	Mobile No.	
Email Address:	Term:	Campus:		
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(YYYY)

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PAYMENT SCHEDULE

Total Charges:

Payment No.	Due Date	Amount	Balance	Finance Officer Sign-Off	
				Payment Date/ Default	Action Taken
1					
2					
3					
4					
5					
6					

Terms and Conditions

1. I agree 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.
2. 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.
3. I understand and agree that withdrawal from the University does not release me from this payment plan obligation, any financial penalties or other collection costs.
4. 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.

Required Documents

1. Student ID copy
2. Copy of the Utility bill of the student to confirm the address.
3. Guarantors Latest pay slip

Late Payment Policy

1. 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.
2. 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.
3. Readmission withholding. If I have any outstanding tuition balance, then I will not be able to enrol for future classes until I clear all outstanding balance and I may risk my student status.

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 unpaid fees if the courses have commenced regardless of whether I have attended these courses. These details may be used (as a default mechanism) to collect the outstanding debt through other agencies 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:

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:

(Guarantor must be over 18 years of age and employed. Please note if default occurs the Guarantor is liable for outstanding debt)

Guarantor Name:

Phone No.

Address:

Guarantor Declaration /Authority:

I, _____ Employment ID _____, solemnly declare that I stand as a guarantor for the student ID _____. If the student fails to adhere to the payment schedule, I hereby authorise the University to initiate salary deductions to recover any outstanding fees.

Guarantor Authority Signature:

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

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

Credit History Checked

Identification Provided: _____

Application Approved

Notification Date: _____

Application Not Approved – Reason: _____

Name & Signature of Delegated Finance Officer: _____

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.