



# Rajiv Gandhi University of Science and Technology

## Payment Plan Agreement Form

F-1723

### Personal Information: (FILL USING BLOCK LETTERS)

Date: D: \_\_\_\_\_ M: \_\_\_\_\_ Y: \_\_\_\_\_ Student Reg#: \_\_\_\_\_ Sem. \_\_\_\_\_ Yr. \_\_\_\_\_

Student Name: \_\_\_\_\_

First Name Middle Name Surname

Scholarship student:  Yes  No Type of Scholarship: \_\_\_\_\_ Programme: \_\_\_\_\_

Current address: \_\_\_\_\_

Email: \_\_\_\_\_ Tele#: \_\_\_\_\_ Cell#: \_\_\_\_\_

### TERMS AND CONDITIONS:

- ✓ I agree to pay to the Rajiv Gandhi University of Science and Technology all fees detailed in this payment agreement by the established deadline. This payment agreement is valid for only **THIS** semester.
- ✓ I understand and agree that failure to pay all tuition by the due date will lead to a hold on my account for financial penalties, including collection of legal fees.
- ✓ I understand and agree that withdrawal from the University does not release me from this payment plan obligation, any financial penalties, or collection costs.
- ✓ Failure to make payment in full will result in a financial hold being placed on my student account, which will prevent me from being registered for the next semester.
- ✓ I agree to make all payments before the final examination period. Failure to do so will result in me being withheld from writing the final examination.
- ✓ If I fail to pay the full amount due on or before the due date, I agree to pay a penalty of 10%, which will be added to my payment due.
- ✓ If I fail to pay my installments on time on more than one occasion, then I will not be eligible for any further payment plan with the university.
- ✓ **Remission withholding:** If I have any outstanding tuition balance, then I will not be able to enroll for future classes until I clear all outstanding balances and I may risk my student status.
- ✓ I must fulfill my financial obligations under this payment plan for eligibility to request or receive any official document from the university.
- ✓ I am required to submit my extracurricular activities report to the Office of the Registrar in a timely manner.

Under the recommendation of the Board of Directors, RGUST reserves the right to amend all tuition and fee structures as circumstances and requirements dictate. Students will be informed if any such change may occur.

Tuition due GY\$ _____	Expected pay date	Amount	Balance	OFFICIAL USE ONLY	
				Payment Date	Action Taken/ Remarks
1 <sup>st</sup> payment					
2 <sup>nd</sup> payment					
3 <sup>rd</sup> payment					
Final payment			0		

I, ..... have read, agreed to, and understand all the terms and conditions set forth in this Agreement with the RGUST. I am required to make payment on the date listed above, it is not the responsibility of the university to inform me of my payment date.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Financial Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature and stamp of Justice of Peace Officer: