



Rajiv Gandhi University of Science and Technology

Payment Plan Application Form

F-1722

Personal Information: (FILL USING BLOCK LETTERS)

Student Reg#: _____ Programme: _____ Sem. _____ Yr. _____

Student Name: _____
Surname First Name Other Name

Scholarship: Yes No Type of Scholarship: _____ Age: _____ Sex: _____ Ethnicity: _____

Address: _____

Email: _____ Tele#: _____ Cell#: _____

IMPORTANT:

1. This form must be completed and submitted **at least one week before** the commencement of the semester.
2. Cancellation of enrollment does not cancel the obligation for this form.
3. This application form will be approved for reasons of financial difficulties only.
4. This payment plan is valid for ONLY one semester.
5. Students who do not meet the payment dates listed in the Agreement Form will not be eligible for any further Payment Plan.
6. Failure to pay the tuition on the dates listed will result in a 10% penalty.
7. Under the recommendation of the Board of Directors, RGUST reserves the right to amend all tuition and fee structures as circumstances and requirements dictate.

Reason for requesting this Payment Plan:			
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Average Fortnight/Monthly Income Details		Average Fortnight/Monthly Expenses Details	
Fortnight/ Monthly Income	\$	Rent	\$
Parent/Spouse	\$	Telephone	\$
Other: (Specify)	\$	Electricity	\$
Total Income	\$	Food	\$
*Please attach a copy of the last two pay slips and a copy of recent utility bills.		Transportation Cost	\$
		Stationery/Books	\$
		Loan payments	\$
		Clothes	\$
		Entertainment	\$
		Other: (Specify)	\$
		Total Expenses	\$

DECLARATION:

I, declare that the information is true and correct. I understand that the approval of my application will commit me to an agreed schedule and that failure to make payment will result in the termination of the agreed Payment Plan resulting in the full outstanding balance becoming immediately payable.

I understand and agree that withdrawal from the University does not release me from this financial obligation and penalties. 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. Even if I withdraw from the program, I may still owe unpaid fees if the courses have commenced regardless of whether I have attended classes.

I hereby agree to, read, and understand all the terms and conditions that come with this Payment Plan Agreement.

Student Signature: _____ **Date:** _____

Finance Sponsor Signature: _____ **Date:** _____

Insert Official Stamp and Signature: