Special Consideration Form (Fees)

Section A: Student Details	
Student Name:	Student ID:
Address:	
Contact Number:	Email Address:
Course:	Course Start – End Date:
Fee Due Date:	Fee Amount:
Section B: Reason for requesting Payment Plan *(Please attach documentary evidence and any additional pages if applicable)*	

Payment Plan Request:

Payment No.	Date	Amount

Student Signature:	Date:
Received By:	Date:

Section C: Office Use Only ***Approval by Designated Head, Student Services***	
Fee Status:	
Course Progress Status:	
Any Supporting Document Provided? ☐ Yes ☐ No	
Payment Plan Request successful: ☐ Yes ☐ No *Further Details:*	
Name:	Date: