

# Special Consideration Form (Fees)



## Section A: Student Details

Name:	Student Number:
Current Address:	
Mobile Number:	Email Address:
Course Name:	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)*

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Plan Request successful: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Further Details:</i>

Name:	Date:
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