**PAYMENT PLAN AGREEMENT FORM**

**You must meet all the terms and conditions as established by the University.**

**STUDENT NUMBER: …………………………………………………………………………………………..………………….**

**STUDENT FULL NAMES: ……………………………...…………………………………………………………………………..**

**DATE: …………………....…… IDENTIFICATION (PASSPORT) NUMBER: ………………..........….………**

**SEMESTER: …………….....…...... PHYSICAL ADDRESS: ……………………………………...………………**

**EMAIL ADDRESS: …………..........………………………………… CELL # ………....................……………….**

**I, …………………………………………………………….., herewith agree that I am currently owing NUST an amount of ……………………………………… (Please attach a copy of your financial record AND a quote for the new semester) in respect of outstanding tuition/registration fees. I commit to settling this outstanding amount in addition to the tuition of the current semester as follows:**

**Total Due (including the new semester fees): N$** ……………………………………

**Payment Schedule:**

|  |  |  |
| --- | --- | --- |
| **Payment #**  | **Amount Payable (minimum due)**  | **Due date**  |
| **1. August 2023**  | **33.3% of total due**  | **31 August 2023** |
| **2. September 2023** | **33.3% of total due**  | **30 September 2023** |
| **3. October 2023** | **33.3% of total due**  | **31 October 2023** |

**Terms and Conditions:**

* I promise to pay NUST all payments as detailed in this payment agreement by the established due date.

* I understand that the payment agreement is for this one semester only.

* I understand and agree that withdrawal from the University does not release me from this payment obligation, any penalties and/or other collection costs as the University will decide upon.

* I understand that any failure to honour this plan will subject me to any measures as the University would decide, e.g. deregistration, holding my results, prevention from future registration, lose eligibility for future payment arrangements, etc.

**I have read and understood the above terms and conditions as stated.**

Student Signature: …………………………………………………… Date: ……………………………………………

Director: Student Services: ………………………………………. Date: ……………………………………….…..

Registrar/Director: COLL: ……………………………………………. Date: ……...…………………………………..

Deputy Bursar: ………………………....................………………… Date: …………………………………….......

**The University is not obligated to remind you of the due dates. It remains your responsibility to adhere to the due dates and avoid any additional fees.**