



Department: Student Services

PAYMENT PLAN AGREEMENT FORM

You must meet all due dates established by the University.

STUDENT SURNAME:

STUDENT NAMES:

DATE: **STUDENT ID NUMBER:** **SEMESTER:**

ADDRESS:

EMAIL ADDRESS: **TEL. #** **CELL #**

I,, herewith agree that I am currently owing NUST an amount (Please attach a copy of your financial record) in respect of outstanding tuition/registration fees. I commit to repay the outstanding amount as follows:

Total Outstanding Amount: N\$

Terms and Conditions

- I promise to pay NUST all payments detailed in this payment agreement by the established deadline.
- I understand that the payment agreement can be established for only one semester.
- I understand and agree that failure to pay all debt by the due date will leave my account subject to a hold being placed on my account and for financial penalties, including deregistration, collection and legal fees.
- I understand and agree that withdrawal from the University does not release me from this payment plan obligation, any financial penalties or other collection cost.
- Failure to make payment in full will result in a financial hold being placed on your student account, or deregistration, which will prevent you from registering for the following semester.

Late Payment Policy

- **Penalty and Late Fee.** If I fail to pay the full amount due on or before the due date, I agree to pay the default fee of \$100.00. The late fee will be added to my account starting from the day following the due date.
- **Lose eligibility for payment plan.** If I fail to pay my installments on time on more than one occasion, then I will not be eligible for a payment plan the following semester/academic year.
- **Readmission withholding.** If I have any outstanding tuition balance, then I will not be able to register for the following semester/academic year until I clear all outstanding balance and I may risk my student status.

Payment Schedule

Payment	Due Date	Amount	Balance	Date	Action
1.					
2.					
3.					
4.					
5.					
6.					

I agree, and have read and understood all the terms and conditions.

Student Signature:Date:

Director: Student Services: Date:

Registrar/Director: COLL: Date:

Bursar Representative:Date:

We are not obligated to inform you of the due dates. It's your responsibility to adhere to the due dates and avoid any additional fees.