

PAYMENT FORM

STUDENT NAME: _____ DOB: _____

STUDENT ID: _____ PHO: _____

CONCESSION: YES NO

IMPORTANT INFORMATION

1. Outstanding Fees are due and payable by 14th September, 2009
2. Where full payment has not been received for the prescribed course charges, students may not be re-enrolled for the following semester. Failure to comply with the terms of this agreement may result in further recovery action to finalise outstanding charges.
3. If you are unable to meet this payment schedule, please contact the Student Debtors Officer to make alternative payment arrangements 92024900.
4. In order to qualify for a refund, students must formally withdraw in writing or by withdrawing in person at a Student Services counter. It is not sufficient to verbally inform your lecturer of your intention to withdraw.
5. A student who formally withdraws from any module/unit is entitled to a partial refund if the withdrawal application is lodged prior to the completion of 25% of the scheduled module/unit hours or within 4 weeks of the commencement of the module/unit (whichever is sooner).

I agree to the terms and conditions above:

Student Signature: _____ Date: _____

If under 18, Parent/Guardian MUST sign here: _____

OPTION 1

PAYMENT IN FULL

AMOUNT PAYABLE: \$ _____

Cheque Attached (address and phone details are provided on back of cheque)

Credit Card (details below)

Name as it appears on the card : _____

Signature: _____

Card Type (please tick) Mastercard Visa

Card Number

Expiry Date : _____

OPTION 2

PAYMENT BY INSTALMENT PLAN

AMOUNT PAYABLE: \$ _____

DEPOSIT: \$ _____ (minimum \$100.00)

BALANCE: \$ _____

Cheque Attached (address and phone details are provided on back of cheque)

Credit Card (details below)

Name as it appears on the card : _____

Signature: _____

Card Type (please tick) Mastercard Visa

Card Number

Expiry Date : _____