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Payment Plan Change Request Form

SECTION 1 – Personal details

Student number: _____
Email address: _____
Family Name: _____
Given Name: _____
Date of Birth: _____
Mobile Phone: _____
Mailing address: _____

SECTION 2 – Please list all courses you are seeking to change payment plans for

COURSE 1 Code: _____
Name: _____
COURSE 2 Code: _____
Name: _____
COURSE 3 Code: _____
Name: _____

Agent Name: _____

OFFICE USE ONLY – this section is to be signed by the Manager once approved.

SECTION 3 – Reasoning for change (please tick)

- Financial Reasons
 Illness
 Personal Reasons
 Family reasons
 Other

If other has been chosen as a reason for change of payment please give more detail here: _____

SECTION 5 – student declaration (please tick)

I declare that by signing this form I understand that:

- I understand payment plan changes incur a fee of \$50 on top of any outstanding fees.

Student signature

Date

Signature

Date:

Manager (print name)

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