UNIVERSITY of GUYANA

REQUEST FOR A PAYMENT PLAN FORM

A. Student Information

Unique Student Identification *(if applicable):*

Surname

First Name

Middle Names

Date of Birth:

Permanent Address:

Contact Numbers:

Mobile: Landline: Other:

Email Address:

Faculty/ School/ Institute:

Programme:

Expected Graduation Date:

B. FINANCIAL INFORMATION

Total Household Income:

Parent's or Guardian's Occupation (compulsory for students below 18 years):

Parent's or Guardian's Income:

Applicant's occupation (if applicable)

Applicant's Income:

Number of Dependents:

Current Financial Obligations (Amount in GYD): Mortgage MotorVehicle

Student Loan Other

C. Tuition Information

Current Outstanding Balance:

Please give details and provide justification as to why you are applying for payment plan. *(If your justification includes personal information of a confidential nature please do not disclose it on this form. You may be called for an interview if more information is required)*

You may upload any evidence or documents related to your case with the submission of your form. (Please do not upload sensitive or personal information).

D. Requested Payment Plan

- Please indicate the best payment option by filling in the amount you are proposing to be able to pay for each period to clear off the outstanding amount. You should aim to clear as much of the outstanding amount within 12 months to ensure your smooth graduation:

Semester 1	**Monthly**	**Lump Sum Before the end of the semester**	**Your own proposed plan**	**Payment Method** (cash, credit card etc)
Amount				
Semester 2	**Monthly**	**Lump Sum Before the end of the semester**	**Your own proposed plan**	**Payment Method**
Amount				
Semester 3	**Monthly**	**Lump Sum Before the end of the semester**	**Your own proposed plan**	**Payment Method**
Amount				
Summer	**Monthly**	**Lump Sum Before the end of the semester**	**Your own proposed plan**	**Payment Method**
Amount				
Total				

E: Declaration

Please ensure you tick all of the boxes below and that you sign this form before submitting.

☐ I hereby apply for permission to pay my outstanding tuition fees by installments

☐ I understand that the proposed payment plan may differ from my own proposed plan based on the University assessment panel's review and decision.

☐ I accept that if approval is granted for the payment of tuition fees as requested, I will comply with the schedule agreed to.

☐ I also agree that if I do not comply with the schedule that the University reserves the right to cancel my registration, submit my name to the credit bureau and forfeit whatever fees I would have paid up to that time for the period under consideration.

☐ I authorize the University to access any information necessary to process payment plan request.

☐ I have read and understood the information on this form. Further, I certify that the information provided in this form is complete true and correct and no required information is withheld.

Signature (to be signed by parent or guardian if applicant is below 18 years):

_____

National ID/Passport Number:

Date:

F. Submit this form to: managemybills@uog.edu.gy
and copy to **dvc-fa@uog.edu.gy** *and* **depreg@uog.edu.gy**

Important Note: You should receive an automatic reply to this form. If you do not receive a response, please resubmit.

If you do not receive a response to your request within 1 month of your application please enquire of the University.

G. For Internal Use: *Assessment Committee Decision:*

Signature of Chair of the Committee:

Date: