



PAYMENT REQUEST

First Name	<input type="text"/>	Student ID	<input type="text"/>
Middle Name	<input type="text"/>	E-mail	<input type="text"/>
Last Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		

The intention of this form is to gather information on your current circumstances and the reason for requesting a payment plan or an extension to a payment plan in regards to your outstanding fees.

Note this is not an agreement. A final decision will be made by the Director of Finance based on the information you have provided. Once the decision is made, we will contact you directly to inform you about the outcome of your request.

Please provide a reason for requesting an extension.

Please provide evidence to support your extension.

Proposed Extension Date:

Proposed plan to repay loan by this date.

Student's Signature Here

Requested by: _____ *Date:* _____

Registrar Signature Here

Name: _____ *Date:* _____

PAYMENT AGREEMENT

First Name	<input type="text"/>	Student ID	<input type="text"/>
Middle Name	<input type="text"/>	E-mail	<input type="text"/>
Last Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		

I agree to pay Victory Institute all payments detailed in this payment agreement on the dates due.

I understand that the payment agreement is only for the current term and that a **(\$40.00 non-refundable)** processing fee must be paid each term if a further is requested.

Your outstanding fees must be completely paid in full prior to the new term commencing.

I understand and agree that failure to pay all agreed charges by the due date will leave my account suspended and that Victory Institute reserves the right to:

- Suspend me from classes
- Withhold transcripts, certificates and all other relevant documentation and services
- Collect an administration charge on the amount outstanding in line with Victory Institute's policy and procedures
- Pursue legal action to recover my outstanding debt through a collection agency

I, the undersigned student, agree to make payments on the specified dates and the agreed amounts stated on the payment schedule below. I understand the consequences if I do not adhere to the agreement.

Total Amount Owed (Beginning of Balance) \$ **Students Current Attendances of Today**

Payment Date	Payment Amount	New Balance

I agree that the above schedule of payments is an acceptable resolution to help resolve my debt with Victory Institute.

Student's Signature Here

Name: _____ Date: _____

Recommendations:

OUTCOME

APPROVED REJECTED

Registrar Signature Here

Name: _____ Date: _____