

# Application for Deferral of Tuition Fee Payment

## PERSONAL DETAILS

Student Name: \_\_\_\_\_  
Family Name Given Name

Student ID: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

Program name: \_\_\_\_\_ Program Code: \_\_\_\_\_

Semester: \_\_\_\_\_ Year \_\_\_\_\_ Campus \_\_\_\_\_

Academic Career:  Undergraduate  Postgraduate

## SECTION A – EXTENSION PAYMENT DEADLINE REQUEST

I hereby apply for an Application for Deferral of Tuition Fee Payment in semester \_\_\_\_ year 20\_\_ due to exceptional circumstances.

Request extension until \_\_\_\_/\_\_\_\_/20\_\_\_\_

OR

Payment plan as follows:

First instalment: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Second instalment: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Third instalment: \_\_\_\_/\_\_\_\_/20\_\_\_\_

## SECTION B - REASON(S) FOR DEFER

1. Describe your exceptional circumstances and attach supporting evidence:

2. Explain how you can meet the above timeline for payment extension and attach supporting evidence:

**SECTION C - DECLARATION**

I certify that the above information is true and correct. I acknowledge that this application will be in accordance with RMIT Vietnam Student Fees & Charges Guide and understand that, if my application is successful, failure to make payment by the approved extension deadline may result in being placed on administrative Leave of Absence for the following semester and being blocked from future enrolment.

Signature of Student  Date

**SECTION D - NOTES**

1. This application must be submitted before the date, any applications submit after the Payment Date will not be considered.
2. Extensions are only permissible up to 45 days from the Payment Date and the applicant should provide evidence of the ability to make payment within this time.
3. Deferred payments are approved for exceptional circumstances only and persistent requests for extension will not be approved.

FOR OFFICE USE ONLY			
Received by RMIT Connect (signature & full name)		Date received	____/____/____
Verified by Student Billing (signature & full name)		Date verified	____/____/____
<p>Approved by Office of the Registrar</p> <p style="text-align: center;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No      Reason: _____         </p> <p>Name _____ Signature _____ Date ____/____/____</p>			
Update on system (signature & full name)		Date updated	____/____/____