

Surname: \_\_\_\_\_ Title: Mr  Mrs  Miss  Ms   
 First Name: \_\_\_\_\_  
 Phone: H: \_\_\_\_\_ M: \_\_\_\_\_ W: \_\_\_\_\_  
 USI #: \_\_\_\_\_ Email: \_\_\_\_\_

Course Code	Course Title	Please tick
22471VIC	Course in Initial General Education for Adults	
22476VIC	Certificate I in General Education for Adults (Introductory)	
22293VIC	Certificate I in Initial Adult Literacy and Numeracy	
22294VIC	Course in Initial Adult Literacy and Numeracy	
22301VIC	Certificate I in Transition Education	
CHC24015	Certificate II in Active Volunteering	
CHC33015	Certificate III in Individual Support (Disability)	

Date of course commencement \_\_\_\_\_

Describe how payment of the standard amount would affect you/the student


What arrangement is being sought?      Reduction in fees       Alternative payment plan     

**Declaration: I certify that the above information is true and correct and understand that I may be asked to provide a statutory declaration in support of this application.**

\_\_\_\_\_  
 Name of student applicant      Name of respondent (if applicable)      Relationship of respondent to student

\_\_\_\_\_  
 Signature of student or respondent      Date

Staff to complete:  
**Payment arrangement approved:**     Reduction in fees       Alternative payment plan  
 Tuition fees for this course have been reduced to \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_  
 Name of Staff Member      Position      Signature      Date