

financial hardship form

Surname: _____ Title: Mr Mrs Miss Ms
 First Name: _____ Middle name _____
 Phone: H: _____ M: _____ W: _____
 Fax: _____ Email: _____
 USI Number _____

Course Code	Course Title

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

 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

Document Name	Financial Hardship Form Inclusion Training	Reference:		
Issue Date	23.10.19	Review Date	23.10.21	Version No. 4
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