

Surname: _____ Name: _____

Middle Name: _____ Title: Mr. Mrs. Miss. Ms. Other

Phone No: _____ Email Address: _____

Course Code	Course Title

What arrangement is being sought? Reduction in fees 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
------------------------------------	------

RTO Staff to complete:

Payment arrangements approved

- Reduction in fees
- Alternative payment plan

Tuition fees for this course have been reduced to \$ _____ per _____

Name of RTO Staff _____ Position: _____

Signature: _____ Date: _____