Financial Hardship Application Form



TO	ID64	06

Surname: Name:								
Middle Na	me:	Title:	Mr.	Mrs.	Miss.	Ms.	Other	
Phone No	o:Email Address:							
Course Code	Course Title							
What arrangement is being Reduction in fees Payment plan sought?								
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 o	of student or t	Date						
RTO Staff t	to complete:							
Payment a	rrangements approved							
o Red	uction in fees							
o Alte	rnative payment plan							
Tuition fees for this course have been reduced to \$ per								
Name of RTO Staff Position:								
Signature: Date:								

Document Name	Financial Hardship Application Form							
Issue Date	May 2020	Review Date	May 2021	Version No.	2			
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