

## 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                      Relationship of respondent to  
 (if applicable)                                              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

<b>Document Name</b>	Financial Hardship Form Inclusion Training	<b>Reference:</b>			
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