



**THE UNIVERSITY OF THE WEST INDIES
OPEN CAMPUS**

PAYMENT PLAN AGREEMENT

A Payment Plan Agreement provides short-term financial assistance for tuition fees only and will cover the period of one semester only. Payment Plan Agreements are not available for the Summer Session.

SECTION A - BIOGRAPHIC DATA

1. UWI Student ID Number							
2. Name							
Title	Last Name/Surname	First Name		Middle Name(s)			
3. Permanent Address: Apt/Street/PO Box			7. Mailing Address (if different from Permanent): Apt/Street/PO Box				
City/Town/Post Office		Parish/County		City/Town/Post Office		Parish/County	
State	Zip/Postal Code	Country		State	Zip/Postal Code	Country	
4. Home/Permanent Phone ()			8. Mailing Address Phone ()				
5. Cell Phone ()			9. Work Phone () Ext:				
6. Email Address			10. Fax Number ()				

SECTION B - ACADEMIC PROFILE

11. Site	12. Programme of Registration	13. Current GPA
14. Academic Year & Semester of Request	15. Academic Year & Semester of 1st registration	16. Expected Date of Graduation

SECTION C - PREVIOUS PAYMENT PLAN AGREEMENTS

17. Academic Year & Semester	18. Amount (\$)

SECTION D - REQUEST FOR PAYMENT PLAN

19. I _____ have presented evidence of part payment of \$ _____ and hereby request a payment plan totaling \$ _____ covering the balance of tuition fees for registration in the following courses:

SECTION E - PAYMENT PLAN AGREEMENT

20. I _____ agree to pay the University of the West Indies, Open Campus the sum of _____ (\$ _____) in total.

I further agree to make payments as per the payment schedule below and to present evidence of the payment to the University of the West Indies, Open Campus by the due date(s).

SECTION F - DEFAULT STATEMENT

21. I understand that failure to pay as per the agreed payment schedule and/or failure to present evidence of payment by the due date(s) will constitute a breach of this Payment Plan Agreement and I will be considered to be in default. In the event of a default, the registration/academic record will remain and the following actions will be taken:

- a) Placing a financial hold on the student record
- b) Debarment from future registration in any course or programme of the University until all debts are settled
- c) Withholding of examination results and results of other assessments
- d) Denial of academic and administrative services
- e) Denial of transcripts, certificates and other records of status
- f) Denial of access to the University's systems and facilities

SECTION G - PAYMENT SCHEDULE

AMOUNT (\$)	DUE DATE	RECEIVED BY (SIGNATURE OF SITE STAFF)	RECEIPT DATE	RECEIPT NUMBER

SECTION H - STUDENT DECLARATION

22. I hereby acknowledge that I have read this Payment Plan Agreement and I accept the terms as stated.

	STUDENT	WITNESS
Name		
Signature		
Date (dd/mm/yyyy)		

SECTION I - APPROVAL

23. This Payment Plan Agreement with the terms as stated is approved on behalf of the UWI, Open Campus.

_____ / _____ / _____
 Head Date (dd/mm/yyyy)