



Change of Payment Plan Request Form

This form is to be completed by students who wish to apply for a Change of Payment Plan after the SMS Registration Record has been approved and an initial payment has not been made.

Student Details (please print in CAPITAL LETTERS)

Last Name: _____ Matriculation ID:

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First Name: _____ Contact Telephone: _____

Address: _____ Address 2: _____

Postal Code: _____ Email: _____

Program Code: _____ Program Name: _____

Payment Plan Details

Academic Year: _____ Study Period/Semester: _____

Current Payment Plan on Account:

Full Tuition Payment Plan Half Course Payment Plan Prorated Payment Plan Study Period Payment Plan

Update to Payment Plan:

Full Tuition Payment Plan Half Course Payment Plan Prorated Payment Plan Study Period Payment Plan

Reasons for Changing of Payment Plan:

Sponsor Details

Please fill in information of the person/organization who is helping you to pay for your education at NU:

Organization Name : _____

Sponsor Last Name: _____ Sponsor First Name: _____

Sponsor Phone: _____ Sponsor Email: _____

Sponsor Address: _____ Relationship With Sponsor: _____

Student Declaration (Tick appropriately)

I understand that:

- A Payment Plan binds me to specific deadlines that I am obligated to meet
- By changing to a different Payment Plan, New Balance(s) and Payment Deadline(s) will be applied to my Tuition Account
- Deadlines are published by the University with the respective "Failure to meet deadline Implications" and it is my personal responsibility to obtain the NEW CORRECT DEADLINES and communicate to my Sponsors or make adequate provisions to ensure that I do not miss the new deadlines
- Should I miss my deadline, the Payment Plan Policy to discontinue my course(s) will be applied
- I am responsible to know the New Balance(s) that will reflect on my Account after this update is effected
- Northrise University reserves the right to deny this application if it does not comply with the Change of Request Policy

Student's Signature: _____ Date: _____

Office Use Only

Date	Action Taken	Details of Approving Accounts Officer(s)
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Name: _____
Rejection Reasons: _____		Title _____
_____		Signature: _____

If approved, please indicate the following:

Date effected in the Student Management System (SMS)

Date: _____ Signature: _____

Name: _____

Title: _____

Comments:

