

Agreement on Tuition Fees Payment Plan

Regional Campus

1. I, (Name) _____ Surname: _____
of Student Number _____, hereby commit to register and pay for
(Programme) _____ Semester _____ of the
_____ Academic Year.

2. I have been offered and have unconditionally accepted that I shall pay the total tuition fee of BWP _____, being the amount payable for the Semester. However, I have been allowed to pay BWP _____, being 50% of the amount to enroll and undertake to pay the balance in three (3) periodic instalments as follows:

2.1.1 Instalment 1: BWP _____ (30% of the balance)

2.1.2 Instalment 2: BWP _____ (60% of the balance)

2.1.3 Instalment 3: BWP _____ (100% of the remaining balance, payable before commencement of the end of Semester Final Examinations)

3. I shall not hold the University responsible for defaulting in any of the terms of this payment plan.

4. I acknowledge that any outstanding fees shall become due and payable immediately. All applicable debt collection costs, tracing fees as well as legal costs on an attorney and client scale incurred by the University in the recovery of amount owing be borne by me.

5. I understand that the University reserves the right to deny me access to its services, including access to my assessment results on account of overdue payment.

6. By appending my signature to this agreement, I solemnly confirm that I personally have full legal capacity and authority to enter into this agreement.

Student's Signature: <input style="width: 90%;" type="text"/>	ID No: <input style="width: 90%;" type="text"/>
Email Address: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Contacts - Mobile: <input style="width: 90%;" type="text"/>	Other: <input style="width: 90%;" type="text"/>

BOU Representative, Regional Campus

Full Names:	<input type="text"/>	Designation:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
Comments:	<input type="text"/>		
Contacts - Mobile:	<input type="text"/>	Other:	<input type="text"/>

Recommendation, Regional Director

Full Names:	<input type="text"/>	Designation:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
Comments:	<input type="text"/>		
Contacts - Mobile:	<input type="text"/>	Other:	<input type="text"/>

Approval, Finance Headquarters

- ☐ Approved - Submission complete and meets criteria
☐ Pending - Missing documents or needs verification
☐ Rejected - Submission does not meet requirements

Full Names:	<input type="text"/>	Designation:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
Comments (if any):	<input type="text"/>		
Contacts - Mobile:	<input type="text"/>	Other:	<input type="text"/>