

Explore your future.

## **APPLICATION FOR FEE INSTALMENT PLAN**

Applicant's Details	
Surname	Given Names
Address	
	State Postcode
Tel (Day)	(Night)
Email	
Fee Instalme	nt Plan
I, the above mentioned, hereby wish to apply for the fee instalment plan with the Sydney Institute of Traditional Chinese Medicine for payment of tuition fees (excluding fees associated with clinic practicum) for <b>Semester 2 2021</b> .	
I acknowledge	e and agree that fees must be paid with the following plan:
•	rd (1/3) prior to commencement of semester (23/07/2021)
,	rd (1/3) prior to Week 5 (20/08/2021)
3) One thi	rd (1/3) prior to Week 10 (01/10/2021)
By entering into a fee instalment plan I understand that:	
Non-com of assess	pliance with this scheme may result in suspension from the course and/or the withholding sment
> I will be s	subject to a \$250.00 late fee if I cannot pay on time.
Signature:	Date (DD/MM/YYYY):



PO Box K623 Haymarket, NSW 2000

> 502, 25-29 Dixon St Sydney, NSW 2000