

APPLICATION FOR FEE INSTALMENT PLAN

Applicant's Details

Surname _____ Given Names _____
Address _____
_____ State _____ Postcode _____
Tel (Day) _____ (Night) _____
Email _____

Fee Instalment 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 **Semester 2 2022**.

I acknowledge and agree that fees must be paid with the following plan:

- 1) One-third (1/3) prior to commencement of the semester (01/08/2022)
- 2) One-third (1/3) prior to Week 5 (26/08/2022)
- 3) One-third (1/3) prior to Week 10 (30/09/2022)

By entering into a fee instalment plan I understand that:

- Non-compliance with this scheme may result in suspension from the course and/or the withholding of assessment
- I will be 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

T: +61 2 9212 1968
F: +61 2 9281 4268
E: administration@sitcm.edu.au

www.sitcm.edu.au

CRICOS No.: 01768K
TEQSA No.: PRV12177
RTO Code: 5143

ABN 30 100 578 836