

APPLICATION FOR FEE INSTALMENT PLAN

Applicant's Details

Surname _____ Given Names _____

Address _____

_____ State _____ Postcode _____

Tel _____ Student ID _____

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 to pay tuition fees (excluding fees associated with clinic practicum) for **Semester 1 2024**.

Plan A: Please tick ☐

Payment date 1	12/02/2024
Payment date 2	08/03/2024
Payment date 3	12/04/2024

OR

Plan B: Please tick ☐

List your payment dates below:

Payment date 1		Payment date 4 must be before week 10 (12/04/2024).
Payment date 2		
Payment date 3		
Payment date 4		

I acknowledge and agree that, if this application is approved by SITCM, my fees must be paid in accordance with this plan and 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): _____



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