



You must meet all due dates established by the University

Personal Information: Please use BLOCK LETTERS and print your name in full.

Student ID Number: _____ Programme: _____ Sem. _____ Yr. _____

Student Name: _____
Surname First Name Other Name

Address: _____

Email: _____ Tele. _____ Cell: _____

Terms and Conditions

- ♣ I agree to pay to Greenheart Medical University (GMU) all fees detailed in this payment agreement by the established deadline. I understand that this payment agreement can be established for only one semester.
- ♣ I understand and agree that failure to pay all fees by the due date will leave my account subject to a hold being placed on my account for financial penalties, including collection of legal fees.
- ♣ I understand and agree that withdrawal from the University does not release me from this payment plan obligation, any financial penalties or collection cost.
- ♣ Failure to make payment in full will result in a financial hold being placed on your student account, which will prevent you from being registered for the next semester.

Late Payment Policy

- Penalty and Late fee: If I fail to pay the full amount due on or before the due date, I agree to pay the default of 10% of the fee. The late fee will be added to my account starting from the day following the due date.
- Lose eligibility for payment plan: If I fail to pay my installments on time on more than one occasion, then I will not be eligible for a payment plan the following semester.
- Remission withholding: If I have any outstanding tuition balance, then I will not be able to enroll for future classes until I clear all outstanding balance and I may risk my student status.

Payment Schedule are as follows:

Total Charges: _____

Payment Number	Due Date	Amount	Balance	Bursary Sign Off	
				Payment Date	Action Taken
1					
2					
3					
4					
5					
6					
7					
8					
9					

I agree, and have read and understood all the terms and conditions.

Student Signature: _____ Date: _____

Guarantor's Signature: _____ Date: _____

Finance Representative: _____ Date: _____