



THE UNIVERSITY OF THE WEST INDIES
GLOBAL CAMPUS (BARBADOS)

PAYMENT PLAN FORM

Name of Student: _____
Last Name First Name Middle Initial

Programme/Course: _____

Student's I.D. #: _____

E-Mail Address: _____

Home Address: _____

Telephone Numbers: _____
Home Work Cell

REQUEST

I _____ request a payment plan totaling _____

for the following course(s) _____

PAYMENT SCHEDULE – SEMESTER: () ACADEMIC YEAR: (/)

AMOUNT	DUE DATE	DATE OF PAYMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

AGREEMENT

I _____ agree to pay the University of the West Indies the sum
of _____ (\$ _____) in total.

I further agree to make the payments as per payment schedule above and to present evidence of that payment to the University of the West Indies Global Campus Barbados by the submission date(s). I understand that the default of any installation of this note or failure to present evidence of payment by the submission date will result in debarment from future registration and/or withholding of examination results and transcripts.

.....
Student Signature

.....
Head

.....
Witnessed by

.....
Date

.....
Date

.....
Date



THE UNIVERSITY OF THE WEST INDIES
GLOBAL CAMPUS

STUDENT DECLARATION

TO: Campus Registrar, UWI Global Campus

I,.....hereby declare and agree that in the event that my sponsor (including Government) fails to pay the tuition fees for the programme/courses for which I register with the UWI Global Campus, I will become liable for the full cost of tuition for these programmes/courses.

Name

Date

Witness

Date