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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 2 2024.**

Plan A: Please tick

Payment date 1	02/08/2024
Payment date 2	30/08/2024
Payment date 3	27/09/2024

OR

Plan B: Please tick

List your payment dates below:

Payment date 1	
Payment date 2	Payment date 4 must
Payment date 3	be before the end of
Payment date 4	week 10 (4/10/2024).

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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	Sydney, NSW 2000	www.sitcm.edu.au	ABN 30 100 578 836

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