

**UNIVERSITY OF TECHNOLOGY, JAMAICA  
FINANCE AND BUSINESS SERVICES DIVISION**

**RECOMMENDATION FORM - DMD - SPECIAL PAYMENT AGREEMENT**

**INSTRUCTIONS**

**Please complete document in BLOCK letters, as follows:  
Student: Sections A-B; Referee: Section C**

**(A) PERSONAL INFORMATION**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**STUD. ID#:** \_\_\_\_\_ **TRN:** \_\_\_\_\_  
**COL/FAC/DEP:** \_\_\_\_\_ **PROGRAMME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**(B) REASON FOR REQUEST**

Explain the situation that is preventing you from meeting the University's minimum fee requirements of 30% by September 9, 2016.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**STUDENT'S NAME**

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**(C) REFEREES INFORMATION**

1. In order to be approved for the DMD Special Payment Agreement for 2016/2017 academic year, DMD students must be recommended/referred by the College of Oral Health and Sciences (COOHS).
2. Referees must appropriately sign and stamp the agreement form.
3. The approved list of referees are:  
**(i) Dean (ii) Vice Dean (iii) Programme Director (iv) College Administrator**  
**(v) Operations Manager (vi) Executive Assistant**

**REFEREE'S NAME:** \_\_\_\_\_ **TELEPHONE NO.:** \_\_\_\_\_  
**JOB TITLE:** \_\_\_\_\_ **COL\FAC\DEP:** \_\_\_\_\_

1. Do you believe this student is having difficulty attending to his/her tuition fees? Yes  No

If yes, explain briefly \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I have no reservation in recommending \_\_\_\_\_ to the Finance and Business Services Division for consideration for a Special Payment Facility for the 2016/2017 A/Y.

\_\_\_\_\_  
**REFEREE'S NAME**

\_\_\_\_\_  
**REFEREE'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**COLLEGE STAMP**

**FOR OFFICIAL USE BY THE FINANCE AND BUSINESS OFFICE ONLY**

**RECEIVED BY:** \_\_\_\_\_  
**ACCOUNTING ASSISTANT (SDRU)**      **SIGNATURE**      **DATE**

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_