

# DEPARTMENT OF STUDENT FINANCING - LETTER / ESTIMATE REQUEST FORM

**PLEASE COMPLETE THIS FORM USING BLOCK LETTERS**

NAME OF STUDENT .....  MR.  MISS.  MRS.  DR.  OTHER .....

APPLICANT NO./STUDENT ID NO. .... CONTACT # .....

FACULTY/SCHOOL..... CONTACT # .....

PROGRAMME OF STUDY..... NUMBER OF LETTERS REQUESTED .....

ADDRESSEE (to whom should the letter/statement be sent/addressed?) .....

### DETAILS

ACADEMIC YEAR/S (e.g. 2001/2) .....

ACADEMIC LEVEL (e.g. yr 1, 2,etc).....

ATTENDANCE MODE:

Full-Time

Part-Time

Summer

Repeat

Other.....

### LETTER TYPE REQUEST

Select Letter Type Request (select 1 only):

Programme Cost Letter/Invoice

Account Balance

Statement of Payments (Payment History)

Other .....

Date of Request .....

## FOR OFFICIAL USE ONLY

PROGRAMME COST				TOTAL COST	PAYMENTS	BAL. O/S
A/Y	SEM. I	SEM. II	SEM. III			
Bal. C/F						

# TUITION CALCULATION SHEET

FOR OFFICIAL USE ONLY

PROGRAMME COST				PAYMENTS/ CREDITS	BAL. O/S C/F	REMARKS
A/Y	SEM. I	SEM. II	SEM. III			

Prepared by: .....

Date: .....

Verified by: .....

Date: .....

Collected by: .....

Date: .....