

Student Payment Plan Request Form

SECTION 1- INSTRUCTIONS

How to apply:

Please complete this form to apply for a payment plan prior to commencement.

When you apply for a payment plan arrangement, you must provide a detailed personal statement regarding your financial difficulties and why you are unable to pay your fees on time.

Submit your application

Send this completed form and a detailed personal statement to accounts@academyoftraining.edu.au

If no personal statement is provided, your application will not be assessed.

Please allow up to 5 business days for processing time and to receive a response to your email.

Installment Arrangements

You will be required to pay the first installment of your fees for the current block, before the Payment Plan can be activated. The remaining balance will be paid in installments as defined by AOT.

Cancellation of Payment Plan Arrangement

To cancel your Payment Plan Arrangement, please advise the AOT Administration of your cancellation by email to admingld@academyoftraining.edu.au

SECTION 2- PERSONAL DETAILS

SECTION 2-1 ENGE	IVAL DETAILO	
Student Lastname:	Payment Plan No:	
	(office use only)	
Student Firstname:	Date of Application:	
Contact Number	Date of Birth:	
	(dd/mm/yyyy)	//
Current Address	Suburb	
	Postcode	
Email Address:		

SECTION 3- PAYMENT PLAN

Course Title		
Total Fees	\$ Total Weeks for	weeks
	Installments:	Installments due every Friday
First Installment Payment Amount must be paid		
on the first Friday after the Approval Date	\$ Date Due:	//
1 ^{SI} Installment	\$ Date Due:	//
2 ND Installment	\$ Date Due:	//
3 ^{KD} Installment	\$ Date Due:	//
4 TH Installment	\$ Date Due:	//
5 th Installment	\$ Date Due:	///
Final installment	\$ Date Due:	///

Note that AOT reserves the right to refuse entry in class in case of non-payment and default.

SECTION 4- STUDENT DECLARATION

declare that the information on this form	is complete and correct. I understand this is	s an Application for a Payment
Arrangement and does not constitute ap	pproval of a Payment Plan. I have read and	d understood the AOT Fee Policy.
Name	Signature	Date

SECTION 5- APPROVAL

Manager's Approval ☐ Approved ☐ Not Approved	Name	Signature	Date//
Provide a reason if not approved			