

Payment Plan Request Form



Send the completed Form to:
Student Services Office
admissions@aiat.edu.au OR
AIAT, Level 9, 50 Grenfell Street
Adelaide, 5000 South Australia

This form is to be used if you would like to apply for a Payment Plan for your Course Fees. Please note that final payments must be made by the 'Final date for withdrawal without academic penalty' for each Semester (end of Week 7).

| YOUR DETAILS | | | |
|---|--|--------|--|
| Full Name | | | |
| Student ID number | | | |
| Course | | | |
| Date of Birth | | Gender | |
| Address including street number and name, suburb or town, postcode, and country | | | |
| Postal address (if different) | | | |
| Phone number | | | |
| Email address | | | |

| REASON FOR PAYMENT PLAN REQUEST |
|---|
| Please briefly describe the reason you have requested a payment plan. |
| |
| Frequency of Payment |
| <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Other, please state: _____ |
| Please specify the date your final payment will be made (please note, final payment must be made by the 'Final date for withdrawal without academic penalty' (End of Week 7)). |
| |

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| DECLARATION | |
|--|--|
| <p>AIAT will take the following actions if payment is not received in full by the end of Week 7.</p> <ul style="list-style-type: none">• your enrolment in the current study period may be cancelled or restrictions applied• if your fees remain outstanding, your eCOE may be cancelled for non-payment and the Department of Home Affairs notified accordingly. <p>I declare that all information is true and correct. I understand that the approval of my application will commit me to an agreed schedule and that any failure to make payment will result in the termination of the agreed Payment Plan resulting in the full outstanding balance becoming immediately due and payable. Even if I withdraw from the program, I may still owe unpaid fees if the courses have commenced regardless of whether I have attended these courses. These details may be used (as a default mechanism) to collect the outstanding debt through other agencies at my expense. I consent to AIAT disclosing the information provided to obtain a credit check.</p> | |
| Full Name | |
| Signature | |
| Date | |

| OUTCOME | |
|---|--|
| Approved/Not Approved | |
| Name of staff member (CEO or Delegate) | |
| Position | |
| Signature | |
| Date | |

| | |
|--|--------|
| FORM RECEIVED BY CEO / DELEGATE | [DATE] |
|--|--------|