

**GWANDA STATE UNIVERSITY
PAYMENT PLAN (FIRST YEAR- MARCH INTAKE)**

I -----am responsible for the payment of fees for

Name of Student:..... Student Number -----

Of -----Department propose the following credit plan towards payments of my fees.

Occupation:.....Telephone:Work.....Cellphone.....

Workplace.....

DEPARTMENT : CROP SCIENCE

Agree to pay fees as follows:- (tick applicable option):-

Option A: Pay \$ 1125.00 in full (Please note that fees are likely to change)

Option B:

- | | | |
|-----|---------------------|----------|
| i) | By 28 February 2019 | \$200.00 |
| ii) | By 29 March 2019 | \$925.00 |

Parent/Guardian:-----

Parent/Guardian Signature-----ID. No.....

Bursar's Department ----- Date -----

INTEREST WILL BE CHARGED ON OVERDUE AMOUNTS

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