



Christian Service University College

Email: info@csuc.edu.gh website: www.csuc.edu.gh

Tel: 0501 – 500300/0501 500 302/03220 28781

Student-Employee Fee Payment Application Form for 2nd Sem. 2016/17 Academic Year

A) Personal Information

Last Name.....First Middle.....

Programme of Study.....Student Number.....Level.....

Student Type (tick) Graduate e Undergraduate Year of Completion.....

B) To be completed by Employer

Name of Organisation

Address.....Location.....

Email.....Telephone.....

Undertaking;

I confirm that the above named student is a staff of

Name of OfficialPosition.....

Signature & Stamp Date.....

C) Payment Plan

Payment No	Month	Due Date	Amount Gh¢
1 st Payment			
2 nd Payment			
3 rd Payment			
4 th Payment			

D) Declaration

- 1) I hereby agree to this Payment Plan for the payment of fees to Christian Service University College
- 2) In the event of any default, CSUC will have the full discretion to revoke the payment plan

.....
Signature of Student

.....
Date

E) FOR OFFICE USE ONLY

Recommended Declined

Reasons (if the application is declined).....
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Signed
Director of Finance, CSUC

Date.....

NB: Attach a copy of the Standing Order