



## NOTICE TO STUDENTS

Payment plans will only be accepted where parents/ Guardians/ witness has signed the relevant forms, which are attached below. To avoid inconvenience at the commencement of the new academic year, you are advised to ensure that this has been done. The fees must be cleared on or before **30 November 2023**.

**NB: Failure to pay on the stated date of payment there is a 2% interest on the amount due and the student will not be allowed to sit for examinations and google classrooms .**

**MR Z. MATINHA**

**REGISTRAR**

**ACADEMIC AFFAIRS**

**E: [registrar@isppme.com](mailto:registrar@isppme.com)**

ISPPME

**INSTITUTE OF SUSTAINABLE PROJECT PLANNING, MONITORING AND  
EVALUATION STUDENTS**

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

Name of Student.....Student Number .....

propose the following credit plan towards payments of my fees.

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

Workplace.....

**PROGRAM: CERTIFICATE IN SUSTAINABLE PROJECT MANAGEMENT,  
MONITORING AND EVALUATION**

Agree to pay fees as follows:

**FEES DUE: \$390.00USD**

- i) Upon Registration (Minimum **\$195.00 USD**). \$.....
- ii) By..... \$.....
- iii) By..... \$.....
- iv) By..... \$.....

Name of Parent/Guardian/Witness.....

Address.....

Parent/Guardian/Witness Signature.....ID. No.....

Registrar's Department ..... Date .....

**INSTITUTE OF SUSTAINABLE PROJECT PLANNING, MONITORING AND  
EVALUATION STUDENTS**

I,.....am responsible for the payment of fees for

Name of Student.....Student Number.....

Propose the following credit plan towards payments of my fees.

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

Workplace.....

**PROGRAM: DIPLOMA IN SUSTAINABLE PROJECT MANAGEMENT,  
MONITORING AND EVALUATION**

Agree to pay semester fees as follows:

**FEES DUE: \$430.00USD**

- i) Upon Registration (Minimum \$215.00USD). .....
- ii) By ..... \$ .....
- iii) By ..... \$ .....
- iv) By ..... \$ .....

Name of Parent/Guardian/Witness.....

Address.....

Parent/Guardian/Witness Signature R..... ID. No .....

Registrar's Department ..... Date .....

**INSTITUTE OF SUSTAINABLE PROJECT PLANNING, MONITORING AND  
EVALUATION STUDENTS**

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

Name of Student.....Student Number .....

propose the following credit plan towards payments of my fees.

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

Workplace.....

**PROGRAM: POST GRADUATE DIPLOMA IN SUSTAINABLE PROJECT  
MANAGEMENT, MONITORING AND EVALUATION**

Agree to pay semester fees as follows:

**FEES DUE: \$450.00USD**

- i) Upon Registration (Minimum \$225.00USD). \$.....
- ii) By..... \$.....
- iii) By..... \$.....
- iv) By..... \$.....

Name of Parent/Guardian/Witness.....

Address.....

Parent/Guardian/Witness Signature.....ID. No.....

Registrar's Department ..... Date .....