

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 May 2024.**

NB:

- 1. Kindly note that for a student to attend the first block lectures a student has to pay at least USD100.00 and pay the balance in three instalments.
- 2. For a student to register a student has to pay at least half of the fees and pay the balance in two instalments.
- 3. Failure to pay on the stated date of payment in the payment plan, there is a 10% 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

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	owards payments of my fees.
OccupationTe	ephone: WorkCellphoneCellphone
Workplace	

PROGRAM: CERTIFICATE IN SUSTAINABLE PROJECT MANAGEMENT, MONITORING AND EVALUATION

~	ree to pay fees as follows: ES DUE: \$390.00USD
i)	First Payment <u>\$</u>
ii)	1 st Instalment \$
iii)	2 nd Instalment\$
iv)	<u>3rd Instalment</u> <u>\$</u>
Nai	me of Parent/Guardian/Witness
Ado	dress
Par	ent/Guardian/Witness Signature
Reg	gistrar's Department Date

INSTITUTE OF SUSTAINABLE PROJECT PLANNING, MONITORING AND EVALUATION STUDENTS

I <u>am</u> responsible for the payment of fees for
Name of StudentStudent Number
Propose the following credit plan towards payments of my fees.
Occupation Telephone: WorkCellphone
Workplace
PROGRAM: DIPLOMA IN SUSTAINABLE PROJECT MANAGEMENT, MONITORING AND EVALUATION
Agree to pay semester fees as follows: FEES DUE: \$430.00USD i) First Payment <u>\$</u> ii) 1 st Instalment <u>\$</u>
iii) 2 nd Instalment\$
iv) <u>3rd Instalment</u> <u>\$</u>
Name of Parent/Guardian/Witness
Address
Parent/Guardian/Witness Signature <u>R. ID.</u> 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 t	owards payments of my fees.
OccupationTe	lephone: WorkCellphone
Workplace	

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

		semester : \$450.00U	fees as follows: SD		1			
i)	First	Paym <mark>ent</mark>	<u>\$</u>					
ii)	1 st Ir	stalment _		 <u>\$</u>				
iii)	2 nd I	nstalment_		 <u>\$</u>		<u></u>		
iv)	<u>3rd I</u>	nstalment		 <u>\$</u>				

Name of Parent/Guardian/Witness
Address
Parent/Guardian/Witness SignatureID. NoID.
Registrar's Department Date