

### 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 2025**.

### 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 instalment.
- 2. For a student to register a student has to pay at least half of the fees and pay the balance in three 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: <u>registrar@isppme.com</u>

## 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 payment	ts of my fees.
Occupation	Cellphone
Workplace	

### PROGRAM: <u>CERTIFICATE IN SUSTAINABLE PROJECT MANAGEMENT,</u> <u>MONITORING AND EVALUATION</u>

	ee to pay fees as follows: S DUE: <b>\$390.00USD</b>	
i)	First Payment\$	
ii)	1 <sup>st</sup> Instalment\$	
iii) iv)	2 <sup>nd</sup> Instalment   \$     3 <sup>rd</sup> Instalment   \$	
Name of Parent/Guardian/Witness		
Address		

Parent/Guardian/Witness Signature\_\_\_\_\_ID. No\_\_\_\_ID.

Registrar'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: <u>DIPLOMA IN SUSTAINABLE PROJECT MANAGEMENT,</u> <u>MONITORING AND EVALUATION</u>		
Agree to pay semester fees as follows:   FEES DUE: \$430.00USD   i)   First Payment   \$   ii)   1 <sup>st</sup> Instalment		
iii)       2 <sup>nd</sup> Instalment\$         iii)       3 <sup>rd</sup> Instalment\$         .       .		
Name of Parent/Guardian/Witness		
Address		
Parent/Guardian/Witness SignatureID. No		
Registrar's Department Date Date		

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

Iam responsible for the payment of fees for
Name of Student
propose the following credit plan towards payments of my fees.
OccupationCellphoneTelephone: WorkCellphoneCellphone
Workplace

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

Agree to pay semester fees a FEES DUE: <b>\$450.00USD</b>	as follows:	
i) First Payment <u>\$</u>		
ii) 1 <sup>st</sup> Instalment	<u>\$</u>	
iii) 2 <sup>nd</sup> Instalment	<u>\$</u>	
	\$	
Name of Parent/Guardian/Witness		
Address		
Parent/Guardian/Witness SignatureID. NoID. NoID.		
Registrar's Department Date Date		