

UNIVERSITY OF PRINCE EDWARD ISLAND - ACCOUNTING OFFICE

PERMISSION TO PAY LATER # _____ (Accounting Office use only)

Name of Student: _____ ID# _____

Place of Employment _____

Telephone: Home: _____ Cell: _____ Email: _____

***** PLEASE READ THE FOLLOWING & SIGN FOR AGREEMENT*****

The above named student is hereby authorized to register for classes at UPEI and **IS SUBJECT TO LATE FEES** as specified under the fees section of the University Calendar for non-payment of fees at the time of registration. In addition, interest at the rate of 1% per month is charged on overdue accounts.

I am unable to pay my full fees at this time for the following reasons:

___ Waiting for **student loan** from the province of _____

___ Waiting for a **bursary** from the province of _____

___ Other (how will payments be made) _____

I will pay my full outstanding account by the following date _____

I have read and agree to the above: **Signature** _____

Students who discontinue courses are required to file a **WRITTEN NOTICE** with the Registrar's Office and the Business Office. Only by filing this notice may the student be credited for tuition as outlined in the University Calendar.

Authorized

Date