NOTICE TO RETURNING STUDENTS

Payment plans for Academic Year 2019/2020 First Semester will only be accepted where parents/ Guardians have 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

DR F.S NKOMO

BURSARS DEPARTMENT

Iam responsible for	the payment of fees for
Name of Student:í í í í í í í í í í í í í	í Student Number
OfDepartment propose the	ne following credit plan towards payments of
my fees.	
Occupation:Telephone:Work	Cellphone
Workplace	
FACULTY: THE BUILT E	NVIRONMENT (Conventional)
Agree to pay fees as follows:	(3.5.7.5.5.7.7)
FEES DUE: \$545.00 (WITH THE EXCEPTION	
i) Upon Registration	\$
ii) By 30September 2019	\$
iii) By 31 October 2019	\$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í í
Parent/Guardian SignatureID	D. Noí í í í í í í í í í í í í í í .
Bursarøs Department D	ate
INTEREST WILL BE CHARGED ON OVER	RDIJE AMOUNTS
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NATIONAL UNIVERSITY OF SO	CIENCE AND TECHNOLOGY
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Iam responsible for	the navment of fees for
Name of Student:í í í í í í í í í í í í	
OfDepartment propose the	
my fees.	to ronowing credit plan towards paymonts or
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Occupation:Telephone:Work	
WorkplaceAddressí í í í	
· · · · · · · · · · · · · · · · · · ·	NVIRONMENT (Conventional)
Agree to pay fees as follows:	
FEES DUE: \$545.00(WITH THE EXCEPTION	
i) Upon Registration	\$
ii) By 30September 2019	\$
iii) By 31 October 2019	\$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í í
Parent/Guardian SignatureID	D. Noíííííííííííííííííííí.
Bursarøs Department D	ate

Iam responsible for	or the payment of fees for
Name of Student:í í í í í í í í í í í í	í í Student Number
OfDepartment propose	the following credit plan towards payments of
my fees.	
Occupation:Telephone:Wo	orkCellphone
Workplace	
FACULTY: THE BUILT ENVIRONME Agree to pay fees as follows:	<u>NT</u> (Parallel)
FEES DUE: \$645.00(WITH THE EXCEPTION	N OF ARCHITECTURE STUDENTS \$600)
i) Upon Registration	\$
ii) By 30September 2019	\$
iii) By 31 October 2019	\$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í í í í í
Parent/Guardian Signature	·ID. Noíííííííííííííííííí.
	ERDUE AMOUNTS SCIENCE AND TECHNOLOGY G STUDENTS
Iam responsible for	or the payment of fees for
Name of Student: í í í í í í í í í í í í	í í Student Number
OfDepartment propose	the following credit plan towards payments of
my	fees.
Occupation:Telephone:Wo	orkCellphone
Workplace	
FACULTY: THE BUILT ENVIR	RONMENT (Parallel)
Agree to pay fees as follows:	
FEES DUE: \$645.00(WITH THE EXCEPTION	N OF ARCHITECTURE STUDENTS \$600)
FEES DUE: \$645.00(WITH THE EXCEPTION i) Upon Registration	N OF ARCHITECTURE STUDENTS \$600) \$
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Iam responsible for	or the payment of fees for
Name of Student: í í í í í í í í í í í í	í í Student Number
OfDepartment propose	the following credit plan towards payments of
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Occupation:Telephone:Wo	rkCellphone
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FACULTY: APPLIED SC Agree to pay fees as follows: FEES DUE: \$545.00 i) Upon Registration ii) By 30September 2019 iii) By 31 October 2019 Name of Parent/Guardian:	\$\$
Parent/Guardian Signature	D. Noi i i i i i i i i i i i i i .
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Bursarøs Department	Date
NATIONAL UNIVERSITY OF SCIENCE	
Iam responsible for	
Name of Student:í í í í í í í í í í í í	
	the following credit plan towards payments of
my fees.	
Occupation:Telephone:Wo	rkCellphone
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Bursarøs Department	Date

NATIONAL UNIVERSITY OF SCIENCE AND TECHNOLOGY

Iam responsible for	r the payment of fees for
Name of Student:í í í í í í í í í í í í	í í Student Number
OfDepartment propose	the following credit plan towards payments of
my fees.	
Occupation:Telephone:Wor	kCellphone
Workplace	
FACULTY: APPLIED SC	IENCES (Parallel)
Agree to pay fees as follows:	
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i) Upon Registrationii) By 30September 2019	\$
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III) By 31 October 2019	\$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í í í í í
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Bursarøs Department I	Date
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Iam responsible for	the payment of fees for
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OfDepartment propose to	the following credit plan towards payments of
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Occupation:Telephone:Wor	kCellphone
Workplace	
FACULTY: APPLIED SC Agree to pay fees as follows:	<u>IENCES</u> (Parallel)
FEES DUE: \$645	
i) Upon Registration	\$
ii) By 30September 2019	\$
iii) By 31 October 2019	\$
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Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í í
Parent/Guardian Signature	D. Noí í í í í í í í í í í í í í í .
Bursarøs Department I	Oate

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Name of Student:í í í í í í í í í	í í í Student Number
OfDepartment pro	pose the following credit plan towards payments of
my fees.	
Occupation:Telephon	e:WorkCellphone
Workplace	
FACULTY: COMMUNICATION & Agree to pay fees as follows: FEES DUE: \$485.00 i) Upon Registration ii) By 30September 2019 iii) By 31 October 2019	\$\$\$
Name of Parent/Guardian:	Addressííííííííííííííííííí
Parent/Guardian Signature	ID. Noí í í í í í í í í í í í í í í
Bursarøs DepartmentINTEREST WILL BE CHARGED ON NATIONAL UNIVERSITY OF SCIEN RETUR	OVERDUE AMOUNTS
Iam responsi	ble for the payment of fees for
Name of Student:í í í í í í í í í í	í í í í Student Number
OfDepartment pro	pose the following credit plan towards payments of
my fees.	
Occupation:Telephon	e:WorkCellphone
Workplace	
Agree to pay fees as follows: FEES DUE: \$485.00 i) Upon Registration ii) By 30September 2019 iii) By 31 October 2019	\$\$
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Parent/Guardian Signature	ID. Noí í í í í í í í í í í í í í í í í í í
Bursarøs Department	Date

Iam responsible	for the payment of fees for
Name of Student:í í í í í í í í í í í	í í í Student Number
OfDepartment propos	e the following credit plan towards payments of
my fees.	
Occupation:Telephone:W	orkCellphone
Workplace	
FACULTY: COMMUNICATION & IN	FORMATION SCIENCE (PARALLEL)
Agree to pay fees as follows: FEES DUE: \$585.00	
i) Upon Registration	\$
ii) By 30September 2019	\$
iii) By 31 October 2019	\$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í í í
Parent/Guardian Signature	-ID. Noííííííííííííííííí.
Bursarøs Department	Date
INTEREST WILL BE CHARGED ON OV	VERDUE AMOUNTS
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Iam responsible	for the payment of fees for
Name of Student: í í í í í í í í í í í	í í í Student Number
OfDepartment propos	e the following credit plan towards payments of
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Occupation:Telephone:W	orkCellphone
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FACULTY: <u>COMMUNICATION & IN</u> Agree to pay fees as follows: FEES DUE: \$585.00	FORMATION SCIENCE (PARALLEL)
i) Upon Registration	\$
ii) By 30September 2019	\$
iii) By 31 October 2019	\$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í í í
Parent/Guardian Signature	-ID. Noí í í í í í í í í í í í í í í .
Bursarøs Department	Date

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Name of Student:í í í í í í í í í í í í í	í Student Number
OfDepartment propose th	e following credit plan towards payments of
my fees.	
Occupation:Telephone:Work	Cellphone
Workplace	
FACULTY: COMMERCE (Conventional) Agree to pay fees as follows: FEES DUE: \$455.00 i) Upon Registration ii) By 30September 2019 iii) By 31 October 2019	\$ \$ \$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í .
Parent/Guardian SignatureID	. Noí í í í í í í í í í í í í í í .
Bursarøs Department Da	nte
INTEREST WILL BE CHARGED ON OVER	RDUE AMOUNTS
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Name of Student: í í í í í í í í í í í í í í	í Student Number
OfDepartment propose th	e following credit plan towards payments of
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FACULTY: COMMERCE (Conventional) Agree to pay fees as follows: FEES DUE: \$455.00 i) Upon Registration ii) By 30September 2019 iii) By 31 October 2019	\$ \$ \$
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Parent/Guardian SignatureID	. Noí í í í í í í í í í í í í í í .
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OfDepartment propose	the following credit plan towards payments of
my fees.	
Occupation:Telephone:Wor	rkCellphone
Workplace	
FACULTY: <u>COMMERCE</u> (Parallel)	
Agree to pay fees as follows:	
FEES DUE: \$555.00	¢
i) Upon Registrationii) By 30September 2019	\$ \$
iii) By 31 October 2019	\$ \$
III) By 31 October 2019	φ
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í
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Bursarøs Department	Date
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Name of Student:í í í í í í í í í í í í	í í Student Number
OfDepartment propose	the following credit plan towards payments of
my fees.	
Occupation:Telephone:Wor	rkCellphone
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FACULTY: <u>COMMERCE</u> (Parallel) Agree to pay fees as follows: FEES DUE: \$555.00 i) Upon Registration	\$
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Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í í
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Bursarøs Department	Date

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Name of Student: í í í í í í í í í í í	í í Student Number
OfDepartment propose	e the following credit plan towards payments of
my fees.	
Occupation:Telephone:W	orkCellphone
WorkplaceAddressí í í	
FACULTY: ENGINEERING(Convention Agree to pay fees as follows: FEES DUE: \$545.00 i) Upon Registration ii) By 30September 2019 iii) By 31 October 2019	s \$ \$ \$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í í
Parent/Guardian Signature	-ID. Noíííííííííííííííí.
Bursarøs Department	Date
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NATIONAL UNIVERSITY OF SCIENCE RETURNIN	AND TECHNOLOGY G STUDENTS
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Bursarøs Department	Date

Iam responsible for	the payment of fees for
Name of Student:í í í í í í í í í í í í í	í Student Number
OfDepartment propose th	e following credit plan towards payments of
my fees.	
Occupation:Telephone:Work	Cellphone
WorkplaceAddressí í í í í	11111111111111.
FACULTY: <u>ENGINEERING</u> (Parallel)	
Agree to pay fees as follows:	
FEES DUE: \$645.00	
i) Upon Registration	\$
ii) By 30September 2019	\$
iii) By 31 October 2019	\$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í .
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Bursarøs Department De	ate
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OfDepartment propose th	e following credit plan towards payments of
my fees.	
Occupation:Telephone:Work	Cellphone
WorkplaceAdressí í í í í	
FACULTY: ENGINEERING (Parallel)	
Agree to pay fees as follows: FEES DUE: \$645.00	
i) Upon Registration	\$
ii) By 30September 2019	\$
iii) By 31 October 2019	\$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í .
Parent/Guardian SignatureID	. Noí í í í í í í í í í í í í í .
Bursarøs Department De	ate

Iam resp	consible for the payment of fees for
Name of Student:í í í í í í í í	í í í í í Student Number
OfDepartmen	t propose the following credit plan towards payments of
my fees.	
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Parent/Guardian Signature	\$\$
Bursarøs Department	Date
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Name of Student:í í í í í í í í	í í í í í Student Number
OfDepartmen	t propose the following credit plan towards payments of
my fees.	
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WorkplaceAddres	sííííííííííííííííííííííí
DEPARTMENT: MEDICINE Agree to pay fees as follows: FEES DUE: \$585.00 i) Upon Registration ii) By 30September 2019 iii) By 31 October 2019	\$ \$ \$
Name of Parent/Guardian:	Addressí í í í í í í í í í í í í í í í
Parent/Guardian Signature	ID. Noí í í í í í í í í í í í í í í í í
Bursarøs Department	Date