University of Botswana

Tuition Fee Payment Plan for Self-sponsored Students

Payment Plan Agreement

1.	I the u	ndersigned,	
	1.1	Mr/Ms/Dr/Prof	
	1.2	Being a level 100: 200: 300: 400: 500, self-sponsored student at the University of Botswana, Bachelor of admitted for semester one (1) / two (2) of the academic year 20/20	
	1.3	Confirm that, I have read, understood the University of Botswana Tuition Fee Payment Plan for self-sponsored students and undertake to unconditionally abide by the terms and conditions of the plan, which shall now form part of all regulations, procedures and policies applicable to students of the University of Botswana, except where it has been specifically agreed between myself and the University that the plan would not apply;	
	1.4	Undertake to carry full responsibility for the fulfilment of my contractual obligations in terms of the payment plan agreement and shall not hold the University responsible for defaulting in any of the terms of the payment plan;	
	1.5	By appending my signature to this agreement, I solemnly confirm that I personally have full legal capacity and authority to enter into this agreement;	
	1.6	I further confirm that I have the financial ability to timeously fulfil my contractual obligations under this agreement and that the University has no contractual obligation to source funding or sponsorship for me in the event I fail to fulfil my obligations under this agreement;	
2.	Penroll a	been offered and have unconditionally accepted that I shall pay the total tuition fee of, being the total amount payable for the Semester. I have been allowed to and undertake to pay the said tuition fee before the end of the semester, in three (3) c instalments and subject to the applicable conditions as follows:	
	2.1	The first (1 st) Instalment of Pbeing 25% of the tuition fee payable for the semester and an unqualified pre-condition, before I can be allowed by the University to register.	
	2.2	The second (2^{nd}) Instalment of Pbeing 25% of the tuition fee payable before the end of the first month after the month of registration for that semester,	
	2.3	The third (3 rd) of Pbeing 25% of the tuition fee payable before the end of the second month after the month of registration for that semester,	
	2.4	The fourth (4 th) and final Instalment of Pbeing the remaining balance and 25 % of the tuition fee payable before the end of the third month after the month of registration for that semester.	
3.			

- 3.1 Immediately cancel and terminate my registration for breach of the payment plan agreement.
- 3.2 Reserve the right not to offer the payment plan to me if I am found to have defaulted under the plan before.
- 3.3 Reserve the right to claim interest on all payments in unpaid tuition fee arrears.
- 3.4 Reserve the right not to offer the payment plan to me in the event the University in its assessment is not satisfied that I can honor or to continue to honor my obligations under the plan.
- 4. I accept and agree that if I fail for whatever reason to pay any amount due and owing by me on time or as and when it becomes due and payable;
 - a. All outstanding fees owing to the University shall become due and payable with immediate effect;
 - b. All applicable debt collection costs, tracing fees as well as legal costs on an attorney and client scale incurred by the University in the recovery of amount owing be borne by me.
- 5. I further in the event of defaulting in my payments authorise and agree that University may without prior notice place and refer my name for inclusion on a list of defaulting debtors maintained and published by any credit bureau within and or outside Botswana.
- 6. I unconditionally authorize the University to block and deny me access to the university facilities and resources for the period that the whole or any portion of my tuition fee remains due, owing and unpaid at the end of each semester.
- 7. I further agree and authorize the University to deny me access to my academic results for the period owing and registering as a student of the University of Botswana for the following semester.

Student	Parent/Guardian	Approval
Name	VERSII	Director, Financial
Student	Address	Services
Number	Address	
Signature:	Contact Numbers	Date
Contact		Date
number	DYXAI	
Date	Date	