

UNIVERSITY OF TECHNOLOGY, JAMAICA
FINANCE AND BUSINESS SERVICES DIVISION
RECOMMENDATION FORM - SPECIAL PAYMENT AGREEMENT

INSTRUCTIONS

Please complete document in BLOCK letters, as follows:
Student: Sections A-C; Referee: Section D

(A) PERSONAL INFORMATION

FIRST NAME: _____ **LAST NAME:** _____
STUD. ID#: _____ **TRN:** _____
COL/FAC/DEP: _____ **PROGRAMME:** _____
MAILING ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____ **E-mail:** _____

(B) EMPLOYMENT INFORMATION

Are you employed: Yes ☐ No ☐ No. of Dependents: _____
Gross Monthly Income: ☐ under \$49,999 ☐ \$50,000 - \$99,999 ☐ \$100,000 - \$149,999 ☐ Above \$150,000
Organization Name & Address: _____
_____ Office No: _____

(C) REASON FOR REQUEST

Explain the situation that is preventing you from meeting the University's minimum fee requirements of 65% by September 9, 2016.

STUDENT'S NAME

STUDENT'S SIGNATURE

DATE

(D) REFEREES INFORMATION

- In order to be approved for the Special Payment Agreement for 2016/2017 academic year, students must be recommended/referred by a Senior Manager of a College/Faculty/School/Department.
- Referees must appropriately sign and stamp the agreement form.
- The approved list of referees are:
(i) Dean (ii) Vice Dean (iii) Programme Director (iv) College Administrator
(v) Faculty Administrator (vi) Executive Assistant (vii) Senior Manager
(viii) University Counsellor (ix) Health Care Administrator (x) Medical Doctor (xi) Librarian

REFeree's NAME: _____ **TELEPHONE NO.:** _____
JOB TITLE: _____ **COL\FAC\DEP:** _____

- Do you believe this student is having difficulty attending to his/her tuition fees? Yes ☐ No ☐
If yes, explain briefly _____

- I have no reservation in recommending _____ to the Finance and Business Services Division for consideration for a Special Payment Facility for the 2016/2017 A/Y.

REFeree's NAME

REFeree's SIGNATURE

DATE

STAMP

FOR OFFICIAL USE BY THE FINANCE AND BUSINESS OFFICE ONLY

RECEIVED BY: _____
STUD. FINANCIAL SERV. ASST **SIGNATURE** **DATE**

REMARKS: _____
