

MEMORANDUM

Date: _____

To: Registrar's Office

From: Student Financial Services
Service Hub, Progress Campus

Re: _____

Student Number: _____

This form represents permission to defer tuition fee payment for the above student for the part-time studies (CE) course(s) listed below.

PLEASE NOTE THE FOLLOWING:

- Permission is for the course(s), section(s) and term as specified only.
- NO CHANGES CAN BE MADE WITH REFERENCE TO COURSE NUMBER, SECTION NUMBER AND/OR TERM WITHOUT WRITTEN AUTHORIZATION FROM OUR OFFICE.
- The student's eligibility for funding is based on their enrollment in all courses listed below. IF ANY COURSE, SECTION AND/OR TERM LISTED ARE NOT AVAILABLE FOR ANY REASON, THE STUDENT MAY NOT BE REGISTERED IN ANY OF THE COURSES BELOW.

COURSE NUMBER

SECTION

TERM

--	--	--	--	--	--

--	--	--

--	--	--

--	--	--	--	--	--

--	--	--

--	--	--

--	--	--	--	--	--

--	--	--

--	--	--

Thank you for your assistance.

Student Financial Services Name*: _____

Registrar's Name*: _____

*This serves as (your official) signature.