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| **APPLICATION FOR PERMISSION TO REGISTER IN DEBT** |
| Student name: PRID: Mobile phone no: Email: |
| Total Debt Outstanding: £ |
| **Please state how you propose to pay off your debt to the University** How much can be paid now (please make this payment immediately to register): How will remaining balance be paid (please provide details of the month and amount of when payments will be made) **Please attach evidence that you can adhere to the proposed agreement (relevant documents include confirmation of maintenance loan from Student Finance; other funding confirmations; proof of income from employment)** |
| I confirm that the information I have provided on this application and all supporting documents are correct. The University of Essex reserves the right to verify all information and documentation supplied with this application. The information provided on forms and all documentary evidence will be thoroughly checked and investigated by the University for auditing purposes.    Any application found to be made on a fraudulent basis will be referred to the Senate for discipline.I understand that if my proposal is agreed and I fail to comply with the proposal to pay the outstanding debt by the agreed dates, this may result in my registration being cancelled, and I may be withdrawn from my course of study. **I confirm that I acknowledge that the debt is correct and due for payment.**Student signature: Date:**Please send completed form with your evidence for verification and approval to income@essex.ac.uk** |
| **For office use only:**Proposal outcome:Date PP created:Upload of document to U4:Staff signature:Date: |