



<p>IUP Faculty of Engineering</p> <p>Regis. Number.....</p> <p>Date.....</p>
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Request for Postponement of Tuition Payment

Date..... Month.....Year.....

Re: Request for postponement of tuition payment

Semester First Second Summer Academic year.....

I, Mr. / Ms. Student ID.....

Department of Name Advisor

Mailing address

Telephone E-mail.....

Would like to.....

Specify objective and reason.....

And in the previous semester, I did not owe the fee payment to the university.

I hereby certify that the above statement is true in all respects.

Student's signature.....

<p>① Advisor's opinion.</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p>.....(Advisor)</p> <p>.....(Date/Month/Year)</p>	<p>③ Opinion of the IUP Director.</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p>.....(IUP Director)</p> <p>.....(Date/Month/Year)</p>
<p>② Opinion of the Head of the Department.</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p>.....(Head of the Department)</p> <p>.....(Date/Month/Year)</p>	<p>④ Opinion of the Associate Dean.</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p><input type="checkbox"/> Office of Education Administration Director.</p> <p>Please consider the request.</p> <p>.....</p> <p>Associate Dean</p> <p>.....(Date/Month/Year)</p>

Parental consent Form

(Attachment Form ENG.05 Request for Postponement of Tuition Payment)

I Telephone

Parent of (Mr./Miss)..... Student ID.....

I hereby consent to allow this student to postpone the tuition fee in the First semester Second semester of the Academic year..... and acknowledge the condition of the overdue tuition fee of the student as follows:

No outstanding debt from the previous semester.

There is outstanding debt in the semester First semester Second semester of the Academic year..... total amount

Signed.....(Parent)

Date.....