



DATE/...../20.....

The Bursar
Africa University
MUTARE

RE: COMMITMENT TO PAY FEES

I refer to my request to register after payment of a minimum of sixty percent of my total current semester fees. I hereby commit and undertake to pay the remaining balance of \$..... as follows:

- 1. DATE AMOUNT
- 2. DATE AMOUNT
- 3. DATE AMOUNT

I am fully aware that in terms of the University financial regulations I am supposed to pay my fees in full and in advance and that the above arrangement to pay part of the fees is a special dispensation granted to me by the University at my specific request and for my benefit.

I confirm that in the event of my failure to pay the remaining balance at the time indicated above. I shall not be permitted to sit for my final examinations.

NB: PLEASE NOTE THAT INTEREST WILL BE CHARGED ON OUTSTANDING BALANCE BASED ON PREVAILING INTEREST RATES.

Yours faithfully

.....
SIGNATURE

Name of student Student identity #

National ID/Passport #(Please attach copy) Mobile Number

After completion email the form to: abr@africau.edu cc: bursarexec@africau.edu

FOR OFFICE USE

Approved/Not approved DATE

Name..... Designation