



UNIVERSITY OF GHANA
APPLICATION FORM FOR FLEXIBLE FEE-PAYMENT

[Staff Information]

Staff No.: _____ Name: _____
Dept./Inst./Sch./College/Unit: _____
Status: _____ Appointment: _____
Year and month of retirement: Contact of staff:

[If facility is for staff]

Programme: _____ Level: _____
Student ID No.: _____ Hall of Affiliation: _____
Fees: _____ Monthly deduction: _____ No. of months: _____

[Registered Dependant Information]

Name: _____ Index No.: _____
Programme: _____ Level: _____ Hall: _____
Gender: _____ Relationship: _____ Date of Birth: _____
Fees: _____ Monthly deduction: _____ No. of months: _____

UNDERTAKING

I hereby authorize the deduction from my salary the monthly installment of.....
and credit the **Staff Loans Control Account** each month commencing on
and continue making such payments until the total sum of has been paid.

Applicant's signature..... Date:.....

OFFICIAL USE

Approved

Declined

.....
Name of approving officer

.....
Signature