

**Fast-track Agreement Form (Non - K-13)
Weekend College Division (WeCol)**

Name of student _____ ID #: _____

Contact #(s): _____ Email: _____

	Name of Course	Name of Lecturer	Day & Time
1			
2			
3			
4			

Statement of Commitment

I _____, hereby agree to pay the total sum of \$_____ for _____ Fast-track/Redo courses, **being taken in semester** 1___, 2___, 3___ in the academic year, 20___ - 20___.

Total for course(s) above: \$_____ Initial amount paid: \$_____ (50% or more)

Balance owed: \$_____ Receipt #: _____
(NB: Balance must be paid in order to be cleared for exams)

Signed: by student: _____ Date: _____

Signature of parent/guardian/sponsor: _____

Contact #: _____ Date: _____

Name of Reference: _____ Contact #: _____

Signature of Justice of the Peace: _____

Contact #: _____ Date: _____

For Official Use Only
[Signature & Date]

Student Finance: _____ (Mandatory)

HOS/Departmental Rep.: _____ (Where necessary)

WeCol Coordinator/Director: _____ (Where necessary)

NB: Where applicable, either the HOS/Departmental Rep. or, the WeCol Coordinator/Director may approve this agreement. Both signatures are not required.