

PAYMENT ELECTIVE (PLEASE SELECT BY TICKING THE RELEVANT BOX)

Course	Duration	Course Fee & Monthly Payment Structure	Cash Price (If Settled by Student Loan or Cash Payments Per Year)
FULL CONTACT COURSES (FULL TIME)			
MCSA Programming (SAQA 48872) MCSA Networking (SAQA 48573)	1 Year	R63 900 Deposit: R15 000 Installments: R4 890.00 x 10 months (Feb 2020 – Nov 2020)	R56 900
MCSA / CISCO / I.T Engineering (SAQA 48872; 48573) ACU / ACP / Draughting (SAQA 66071) ACA / Graphic Design (SAQA 90721; 49121)	2 Years	R114 000 Deposit: R20 000 Installments: R4 700.00 x 20 months (Feb 2020 – Sept 2021)	R98 900 Full Settlement or R51 900 per year
LIMITED CONTACT COURSES (PART TIME)			
Office Administration (End User SAQA 61591)	1 Year	R19 800 Deposit: R8 000 Installments: R1 180.00 x 10 months (Feb 2020 – Nov 2020)	R18 000
Technical Support (SAQA 78964) Business Administration (SAQA 61595) Project Management (SAQA 50080)	1 Year	R27 500 Deposit: R10 000 Installments: R1 750.00 x 10 months (Feb 2020 – Nov 2020)	R25 000

STUDENT LOAN	CASH/TRUST FUND	SETTLEMENT	TERMS
OTHER (PLEASE ELABORATE)			

PARENT/GUARDIAN/ACCOUNT PAYER DETAILS - Please include a copy of your ID.

TITLE

SURNAME

FIRST NAME(S)

ID NUMBER

PHYSICAL ADDRESS

POSTAL ADDRESS

TEL (HOME)
 -

TEL (WORK)
 -

OCCUPATION

EMPLOYER'S / WORK ADDRESS

CELL-PHONE

EMPLOYER'S NAME

EMAIL ADDRESS

EDUCATION DETAILS OF STUDENT

SCHOOL ATTENDED (SENIOR CERTIFICATE)

SENIOR CERTIFICATE YEAR

Please include a copy of your Senior Certificate

Have you attended & completed a course at any Tertiary Institution? YES No

TERTIARY INSTITUTION

COURSE COMPLETED

Do you want to apply for credits for modules/courses already completed? YES No
 Please include certified copies of relevant Certificates and Diplomas.

EMERGENCY DETAILS

NEXT OF KIN

TEL (HOME)
 -

TEL (WORK)
 -

CELL-PHONE

TEL (HOME)
 -

EMAIL ADDRESS

DOCTOR'S NAME

DOCTOR'S TEL (WORK)
 -

MEDICAL AID
 -

MEMBERSHIP NUMBER
 -

MAIN MEMBER

Does the student suffer with any condition that iStudent Academy should be aware of? YES No

Details.....

DECLARATION OF UNDERTAKING

I,.....(ACCOUNT PAYER NAME), HEREBY DECLARE THAT I:
 • UNDERSTAND THAT MY PAYMENT ELECTIVE SELECTED ABOVE MAY BE CHANGED, PROVIDED THAT I PROVIDE WRITTEN CLARIFICATION OF THIS TO ISTUDENT ACADEMY PRIOR TO THE DUE DATE OF THE DEPOSIT.
 • UNDERSTAND THAT I WILL NEED TO COMPLETE SUBSTANTIATING DOCUMENTATION ACKNOWLEDGING MY TERMS PAYMENT PLAN SHOULD I SELECT THIS OPTION.
 • UNDERSTAND THAT IF I MISS THE FEES DUE DATES, OR ANY ACCOUNT IS PUT INTO ARREARS, AGREED UPON AND OUTLINED BY THE ISTUDENT ACADEMY CAMPUS THAT THE LEARNER IS ENROLLED AT, THE LEARNER MAY BE DECLINED ENTRY TO THE ACADEMIC PROGRAMME OR ANY ACADEMIC MATERIALS.
 • UNDERSTAND THAT I WILL BE LIABLE TO PAY THE RELEVANT CANCELLATION OR WITHDRAWL FEES SHOULD THE LEARNER CANCEL OR WITHDRAW FROM HIS/HER REGISTRATION WITHOUT MEETING THE REQUIRED WRITTEN NOTICE PERIOD

DECLARATION OF UNDERSTANDING

IPARENT/GUARDIAN OF(STUDENT NAME)
 CONFIRM THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT AND AGREE TO THEM.

PARENT/GUARDIAN SIGNATURE

SIGNED AT ON THIS DAY OF 20.....

I (STUDENT NAME) CONFIRM THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT AND AGREE TO THEM.

STUDENT SIGNATURE

SIGNED ON THIS DAY OF 20.....