

**UNIVERSITY OF TECHNOLOGY, JAMAICA  
FINANCE AND BUSINESS SERVICES DIVISION  
RECOMMENDATION FORM - SPECIAL PAYMENT AGREEMENT**

**INSTRUCTIONS**

**Please complete document in BLOCK letters, as follows:  
Student: Sections A-C; Referee: Section D**

**(A) PERSONAL INFORMATION**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**STUD. ID#:** \_\_\_\_\_ **TRN:** \_\_\_\_\_  
**COL/FAC/DEP:** \_\_\_\_\_ **PROGRAMME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**(B) EMPLOYMENT INFORMATION**

Are you employed: Yes  No  No. of Dependents: \_\_\_\_\_  
Gross Monthly Income:  under \$49,999  \$50,000 - \$99,999  \$100,000 - \$149,999  Above \$150,000  
Organization Name & Address: \_\_\_\_\_  
\_\_\_\_\_ Office No: \_\_\_\_\_

**(C) REASON FOR REQUEST**

Explain the situation that is preventing you from meeting the University's minimum fee requirements of 65% by September 9, 2016.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**STUDENT'S NAME**

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**(D) REFEREES INFORMATION**

1. In order to be approved for the Special Payment Agreement for 2016/2017 academic year, students must be recommended/referred by a Senior Manager of a College/Faculty/School/Department.
2. Referees must appropriately sign and stamp the agreement form.
3. The approved list of referees are:  
(i) Dean (ii) Vice Dean (iii) Programme Director (iv) College Administrator  
(v) Faculty Administrator (vi) Executive Assistant (vii) Senior Manager  
(viii) University Counsellor (ix) Health Care Administrator (x) Medical Doctor (xi) Librarian

**REFEREE'S NAME:** \_\_\_\_\_ **TELEPHONE NO.:** \_\_\_\_\_  
**JOB TITLE:** \_\_\_\_\_ **COL\FAC\DEP:** \_\_\_\_\_

1. Do you believe this student is having difficulty attending to his/her tuition fees? Yes  No

If yes, explain briefly \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I have no reservation in recommending \_\_\_\_\_ to the Finance and Business Services Division for consideration for a Special Payment Facility for the 2016/2017 A/Y.

\_\_\_\_\_  
**REFEREE'S NAME**

\_\_\_\_\_  
**REFEREE'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STAMP**

**FOR OFFICIAL USE BY THE FINANCE AND BUSINESS OFFICE ONLY**

**RECEIVED BY:** \_\_\_\_\_  
**STUD. FINANCIAL SERV. ASST** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_