**EPOKA UNIVERSITY  
                                                Installment Payment Plan**   
  
**Step 1: General information**  
  
Name and Surname: ……………………

Department: ………………………………

Address: ………………………………….

Email: ……………………………………

Phone number…………………………  
 **Step 2: Describe your debt and installment payment plan request**  
  
A- Write the remaining amount of debt to be covered by this installment payment plan request.  
  
B- Write the date of your installment payment and payment amount:

Amount Date

1. ……………………. ………………….…
2. ……………………. ………………….…
3. …………………… ……………………

***I state that I have examined this form, and to the best of my knowledge, it is true, correct, and complete.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_

Signature Date

**Office use only**

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Administrator day, month, year Head of Finance Office Day, month, year