



Fee Payment Pledge Form

As a student of the College of Science, KNUST, I admit owing fees for _____[*Specific Semester/Year*]. I pledge to pay the outstanding amount promptly to avoid any restrictions on accessing academic records like exam results and university activities/facilities. I request approval from the PROVOST for this payment arrangement.

Student Information:

- 1. Student Name: _____
- 2. Student Index Number: _____
- 3. Programme/Department: _____
- 4. Phone: _____
- 5. Signature: _____

Pledge Details:

- 6. Total Outstanding Amount: GH¢ _____
- 7. Agreed Repayment Deadline: _____ [*Specific Date*]

Head of Department Recommendation: I, as the Head of _____ [*Specific Department*], **recommend/ do not recommend** this pledge for the student mentioned above.

Name: _____ Signature: _____ Date: _____

..... *Exceptional cases only*.....

Dean of the Faculty Recommendation: I **recommend/do not recommend** this pledge for the student mentioned above.

Name: _____ Signature: _____ Date: _____

PROVOST APPROVAL:

Signature: _____ Date: _____