To: [faculty dean’s name]

[faculty name] faculty of NUACA

From: [applicant’s name]

Student of the [faculty name] faculty of NUACA

[specialty name, group number]

Tel:

**Application**

Dear Mr. [Mrs.] [faculty dean’s last name]

I would like to inform you that [**state the reason for the partial payment of tuition fee**]. Therefore, I am seeking your permission to allow me to pay the tuition fee until [date, month] of 2020, according to the schedule presented below.

The corresponding documents are attached.

|  |  |
| --- | --- |
| Day/month | Payment amount |
|  |  |
|  |  |
|  |  |

Applicant [signature] [name]

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