

# NORTHERN Regional College

## NORTHERN REGIONAL COLLEGE

### Acceptance of Liability to Pay Fees

### Students in Receipt of Funding

I, \_\_\_\_\_ (name of student in block capitals)  
Of \_\_\_\_\_ (student's home address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hereby accept liability for payment of tuition fees in full due to Northern Regional College for 2026 – 2027 in the event that I am unsuccessful in my application for funding. I have provided evidence of my funding application.

**I understand that tuition fees must be paid in full regardless of period of attendance.**

Students Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

*FOR OFFICE USE*

Student Reg No: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_

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