

**SATISFACTORY PROGRESS AND PAYMENT FORM**



<b>A</b>	<b>Continuing students requesting a CAS must complete Section A. You must provide all the required information and a detailed rationale as to why you need a CAS to extend your Tier 4 Leave to Remain.</b>		
SURNAME:		STUDENT NO:	
FORENAMES:		PASSPORT NO:	
NATIONALITY:		VISA EXPIRY DATE:	DD/MMM/YY
DATE OF BIRTH:	DD/MMM/YY	EMAIL ADDRESS:	
PROGRAMME:		TEL. NO.:	
TERM TIME UK ADDRESS:			POST CODE:
a.	Have you submitted, or are you in the process of submitting, an Academic Appeal? <i>* Delete 'YES' or 'NO' as appropriate and provide full details below:</i>		YES NO*
b.	Have you previously requested a visa extension through the University of Chester? <i>* Delete 'YES' or 'NO' as appropriate and provide full details below:</i>		YES NO*
REASON FOR REQUESTING CAS AND FURTHER DETAILS			
	(CONTINUE ON A SEPARATE SHEET AS NECESSARY)		
STUDENT SIGNATURE:		DATE:	DD/MMM/YY
<b>B</b>	<b>Once you have completed Section 'A' you should present the form to your Programme Leader for completion of Section 'B'. This section focusses on your engagement with your studies.</b>		
<b>FOR COMPLETION BY PROGRAMME LEADER</b>			
<i>PLEASE GIVE AS MUCH DETAIL AS POSSIBLE; YOU MAY BE CONTACTED BY EITHER THE INTERNATIONAL CENTRE OR LEGAL SERVICES FOR FURTHER INFORMATION AS NECESSARY.</i>			
a.	Are there any concerns regarding the student's engagement with their studies? <i>* Delete 'YES' or 'NO' as appropriate and provide full details below:</i>		YES NO*
b.	Are there any concerns regarding the student's attendance? <i>* Delete 'YES' or 'NO' as appropriate and provide full details below:</i>		YES NO*
c.	Is the above named student required to undertake any resits, re-assessments or resubmissions? <i>* Delete 'YES' or 'NO' as appropriate and provide full details below:</i>		YES NO*
d.	Taking into account the requirements of the module is it <b>impossible</b> for the student to complete any of the above reassessments without attendance? <i>* Delete 'YES' or 'NO' as appropriate and provide full details below:</i>		YES NO*
PROGRAMME. START DATE:	DD/MMM/YY	PROGRAMME END DATE:	DD/MMM/YY
FURTHER DETAILS AND GENERAL COMMENTS:			
	(CONTINUE ON A SEPARATE SHEET AS NECESSARY)		
PROGRAMME LEADER NAME:		DATE:	DD/MMM/YY
PROGRAMME LEADER SIGNATURE:			

Student Name:				STUDENT NO:		
<b>C</b>	Once Section 'A' and 'B' have been completed you should present the form to the Finance Office for completion of Section 'C'. This section focusses on payment of your fees and other monies payable to the University.					
	FOR COMPLETION BY FINANCE					
PLEASE GIVE AS MUCH DETAIL AS POSSIBLE; YOU MAY BE CONTACTED BY EITHER THE INTERNATIONAL CENTRE OR LEGAL SERVICES FOR FURTHER INFORMATION AS NECESSARY.						
a. Has the above named student paid all expected fees, to date, and on time for their studies? <i>* Delete 'YES' or 'NO' as appropriate and provide full details below:</i>					YES	NO*
Total Programme Fees:					£	
Minus Total paid to date:					£	
Add any other miscellaneous fees or payments owing:					£	
Total Fees and finance outstanding:					£	
b. Has the student agreed a final payment date or payment plan for the outstanding fees and finance?					YES	NO*
Expected Date of agreed Final payment:	DD/MMM/YY		c. Have fees been paid on-time so far?		YES	NO*
Further Details and General Comments:						
	(Continue on a separate sheet as necessary)					
ONLY TO BE SIGNED BY FINANCE WHERE THE STUDENT HAS MADE BOTH SATISFACTORY PAYMENTS TO DATE AND AGREED A FINAL PAYMENT DATE/PLAN FOR ANY OUTSTANDING FEES AS NECESSARY.						
FINANCE PRINT NAME:						DATE: DD/MMM/YY
FINANCE SIGNATURE:						
<b>D</b>	i. YOU SHOULD NOW ATTACH A COPY OF YOUR VISA, PASSPORT AND EVIDENCE OF YOUR CURRENT UK ADDRESS TO THE FORM.					
	ii. THE COMPLETED FORM MUST NOW BE PRESENTED TO LEGAL SERVICES.					
	iii. LEGAL SERVICES WILL VERIFY ALL OF THE ABOVE INFORMATION AND SEND THE FORM TO THE INTERNATIONAL CENTRE ON YOUR BEHALF.					
	iv. THE INTERNATIONAL CENTRE WILL CONTACT YOU REGARDING THEIR DECISION AND THE NEXT STEPS FOR YOUR APPLICATION FOR A CAS.					
FOR COMPLETION BY LEGAL SERVICES						
ALL INFORMATION GIVEN BY THE STUDENT SHOULD BE VERIFIED AGAINST THE STUDENT RECORD SYSTEM, 'CHECK IN' AND OTHER SOURCES AS REQUIRED.						
PASSPORT NAME:				DATE OF BIRTH:	DD/MMM/YY	
NATIONALITY:				PASSPORT NO:		
VISA NO:			VISA ISSUE DATE:	DD/MMM/YY	VISA EXPIRY DATE:	DD/MMM/YY
PREVIOUS VISA EXTENSION REQUESTED?	YES	NO	REASON FOR PREV. VISA EXTENSION:			
PROGRAMME:				AC. APPEAL ONGOING:	YES	NO
PROGRAMME START DATE:	DD/MMM/YY	PROG. EXPECTED END DATE:	DD/MMM/YY	PROPOSED END DATE (IF DIFFERENT):	DD/MMM/YY	
TERM TIME				POST CODE:		
UK ADDRESS:						
Do Legal Services agree that the request for a new CAS should be considered by the International Centre subject to the conditions as detailed in the University CAS Policy and UKVI requirements?					YES	NO
COMMENTS:						
SIGNED LEGAL SERVICES:				DATE:	DD/MMM/YY	