

Fee Extension or Payment Instalment Request Form

Details

Date:	
Name:	
Student no:	
Course:	
Course Start Date:	

Section 1

I request an extension for payment of the following:

Invoice Number:	
Amount:	

Reason: (Please attach any supporting documentation)

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Payment plan instalment option

Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6
Amount:	Amount:	Amount:	Amount:	Amount:	Amount:
Date due:	Date due:	Date due:	Date due:	Date due:	Date due:

Failure to make a payment on the due date will incur additional fees as per fees policy

Section 2

Acknowledgement

I understand that my application for an extension on fee payment will be processed in accordance our Student Fees and Charges Policy.

Print Name:		Signature:	
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Financial Officer Authorisation

Authorisation for Processing

Action to be taken:	APPROVED	DENIED	ADJUSTED AMOUNT
Extension Date:			

Comments:	
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