

## **PAYMENT EXTENSION REQUEST FORM**

Students are allowed to request for payment extension, but request must be made one week before the instalment due date and up to maximum of 4 weeks extension only after the instalment due date.

REQUEST DETAILS						
Student Name:			Student	t ID:		
Email:			Mobile	No:		
Address:						
Course Name:	Course Name:					
Agency Name:		Instalment due date:				
Describe in detail the reason of your request:						
List down supporting documents provided:						
Requested payment extension dates and amounts						
Extension du	ue dates	Instalment fee amount	Payment extensi	on fee	Total	
			\$30			
			\$30 \$30	\$30		
			\$30			
			700	Total		
DECLARATION						
I declare that all the information I have given above is true and complete. I understand that failure to pay the fees on the approved dates will cancel my payment plan and must pay the \$144 late fee per each of overdue week as indicated in my signed letter of offer.  I confirm that I have read all the terms and conditions and agree to abide by those rules and any subsequent amendments. If any information is false or has been withheld I accept that this may cause cancellation of my enrolment and/or further consequences						
Student Signature: Date:						
		***OFFICE US				
Request outcome:		☐ Approved ☐ Not Approved	oved Date processed:			
Accounts and Student Services Officer:						

Page 1 of 1

Issue Date: 19/08/2024