

Fee Extension Request Form**Details**

Date:	
Name:	
Student ID:	
Course Code and Name:	
Course Intake:	

Section 1

I request an extension for payment of the following

Invoice Number	
Total Amount:	

Reason: (Please attach any supporting documentation)

Why:

When you will Pay:

Section 2**Acknowledgement**

I understand that my application for an extension on fee payment will be processed in accordance with Australian College of Management and Innovation Student Fee and Charges Policy.

Print Name:

Signature:

Authorisations (for an office use only)**Authorisation for Processing**

Action to be taken:	APPROVED	DENIED	ADJUSTED AMOUNT
Approved by CEO:		Date:	
Extension Date:			

Comments:



Australian College of Management
and Innovation Pty Ltd

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RTO Code: 45535
CRICOS Code: 03800K

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Fee Extension Request Form

Signature:		Position:	
Print Name:		Date Processed:	



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