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:			

Fee Extension Request Form			
Signature:		**Position:**	
Print Name:		**Date Processed:**	