

# Fee Extension Request



## Contact Details

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## Reason for Extension of Fee Payments

I request an extension for payment of the following:

Invoice Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Reason: (Please attach any supporting Documentation)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Acknowledgement

I understand that my application for an extension on fee payment will be processed in accordance with Wiseman & Co Advanced Learning Institute Student Fees and Charges Policy.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

