Fee Extension Request



RTO ID: 45415 CRICOS ID: 03709E

First Name:				
Last Name:				
Address:				
Suburb: Postcode:				
Gender:				
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:				

Authorisation				
Action to be Taken:	☐ Approved	☐ Denied	☐ Adjusted Amount	
Extension Date:				
Comments:				
Payment				
☐ Cash/Cheque				
☐ Credit Card				
Select Credit Card Type:	□ VISA	☐ MasterCard	☐ Debit Card	
Credit Card Number:		10000000		
Name on Card:				
Signature:			Date:	
I certify that I completed the qualification outlined above with this organisation and that the details I have provided on this application form for a Certificate Reissue are true and correct.				
Signature:			Date:	