|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | |  | | |
|  | | | | | | | | | | | | | |
| **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: | | 🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 EXP 🞏🞏/🞏🞏 | | | | | | | |
| 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: | |  |