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| --- |
| **Contact Details** |
| First Name: |  |
| Last Name: |  |
| Address: |  |
| Suburb: |  | Postcode: |  |
| Gender: |  | ☐ | Male | ☐ | Female | Date of Birth: |  |
| Home Phone: |  | Work: |  | Mobile: |  |
| Email: |  | Fax: |  |

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| **Reason for Extension of Fee Payments** |
| I request an extension for payment of the following: |
| Invoice Number: |  |
| Amount: |  |
| Reason: (Please attach any supporting Documentation) |
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| **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: |  |
|  |
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| **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: |  |