

FEE EXTENSION REQUEST



Contact Detail

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 MindChamps Academy Student Fees and Charges Policy.

Print Name: _____

Signature: _____

Authorisation

Action to be Taken: Approved Denied Adjusted Amount

Extension Date: _____

Comments: _____