

Request for Payment Extension

About this Form

The student should complete this form when they are unable to make payment on time and needs an extension to make payment

Student Details

Name		Phone	
Student ID		Email	
Qualification/s Enrolled			

Payment Extension Details

Instalment No.	
Reason	

Duration	<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks	Revised Due Date	
Student Signature		Date	

<i>Office Use Only</i>			
Application Outcome	<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved
Outcome Details and Reasons			
Recorded in SMS			
Saved in Student Folder			
Signature of Assessing Officer		Position	
Name of Assessing Officer		Date	