

Fee Extension Request Form

Please use BLOCK LETTERS when filling out this form and ensure that all sections are completed and appropriate tick boxes marked as applicable.

1. Your Contact Details

Student Name:	Student ID:
Mobile Phone:	Email Address:
Address:	
Course:	
Start date of study:	End date of study:

- ☐ I request a Fee extension (Fee extension can only be granted for a maximum of SIX (6) weeks from the Fee Due Date. Fee Due Date is usually four (4) weeks before the start of an academic term.)
- ☐ From date _____ till: _____

Reason(s) for Request for Extension (Please attach any supporting documentation)

Student Signature:	
Date:	

Office use only:	
Request for Extension:	<input type="checkbox"/> Granted <input type="checkbox"/> Declined
If Granted	Fee Due Date _____ Extended Until _____
Application Processed by:	
Administration Signature	
Date Processed:	