

FEE EXTENSION REQUEST FORM

Details			
Date:			
Full Name:			
Student ID:			
Course:			
Course Intake:			
Section 1			
I request an extension for payment of the following:			
Due Date:			
Amount:			
Reason: (Please attach any supporting documentation)			
Section 2			
Acknowledgement			
I understand that my application for an extension on fee payment will be processed in accordance with Insight Academy's Student Fees and Charges Policy.			
Print Name:		Signature:	
Authorisation			
Authorisation for Processing			
Action to be taken:	APPROVED	DENIED	ADJUSTED AMOUNT
Extension Date:			
Comments:			
Signed:		Position:	
Print Name:		Date Processed:	