



Fee Extension Request Form

Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:
 Mars Institute – 5/200, Turner Street, Port Melbourne, VIC 3207. Telephone: +61 3 9645 2259
 Email: info@mars.edu.au | Website: www.mars.edu.au

General Details

Family Name (Surname): _____	Given Name(s): _____
Student ID: _____	Mobile: _____
Email Address: _____	
Course Code & Description: _____	Course: _____
Course Start Date: _____	Course End Date: _____

Reason for request

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 Mars Institute's Student Fees and Charges Policy.

Student name: _____ Student Signature: _____

Authorisation

Authorisation to Process

Action to be taken: Approved Denied Adjusted Amount: \$ _____

Extension Date: _____

Comments:

Staff Name: _____

Date Processed: _____

Signed: _____

Position: _____