

Fee Extension Request Form			
Details			
Date:			
Name:			
Student ID:			
Course Code and Name:			
Course Intake:			
Section 1			
I request an extension for payment of the following			
Invoice Number			
Total Amount:			
Reason: (Please attach any supporting documentation)			
Why?			
When you will Pay:			
Section 2			
Acknowledgement			
I understand that my application for an extension on fee payment will be processed in accordance with City College Student Fee and Charges Policy.			
Print Name:	Signature:		
Authorizations (for an office use only)			
Authorization for Processing			
Action to be taken:	APPROVED	DENIED	ADJUSTED AMOUNT
Approved by CEO:		Date:	
Extension Date:			
Comments:			
Signature:		Position:	
Print Name:		Date Processed:	

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