



## PAYMENT OF FEES EXTENSION REQUEST FORM

### When should you use this form?

Continuing students whose financial position has been affected by circumstances beyond their control may apply for an extension to the payment due date. This application must be made prior to the payment due date and accompanied by proof of financial hardship. Fee extension/payment plan will be given at the discretion of WAIFS.

**A fee of \$50 is applicable for all Payment Extension Requests over four weeks past original due date.**

### Applications for Fee Payment Extensions will NOT BE GRANTED if you have:

- Submitted the form AFTER the due date; or
- Have an existing payment plan/extension from WAIFS; or
- Previously defaulted on financial agreements; or
- Not supplied sufficient proof of financial hardship; or
- Not completed the form correctly.

### Note:

- Students in their first course enrolment at WAIFS are not eligible to apply for an extension of fees.
- If a payment extension request is for more than four weeks then a direct debit agreement will be set up during a meeting with the Credit Controller.
- If a student has an agent, the agent will be informed of the payment extension request.
- Please provide details of financial hardship and submit supporting documentation with this form.

### PERSONAL DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Current Course: \_\_\_\_\_

### REQUEST FOR FEES PAYMENT EXTENSION

#### Reason(s) for application:

**NOTE:** Please provide details of financial hardship and submit supporting documentation with this form. (bank statements, payslips)

\_\_\_\_\_  
\_\_\_\_\_

### I WISH TO APPLY FOR AN EXTENSION FOR THE FOLLOWING FEE PAYMENT:

I agree to pay the total amount: \$ \_\_\_\_\_ Original Due Date: \_\_\_\_\_

### BY THE DATE/S STATED BELOW:

**NOTE:** Failure to pay fees by the extension date will incur a late fee of \$100 per week from the original due date please refer to WAIFS' fees policies

\_\_\_\_\_  
\_\_\_\_\_

### CONDITIONS, PRIVACY STATEMENT & DISCLAIMER

1. I confirm that I understand and agree that if payments are not made by the due dates, I will incur late fees of \$100.00 per week backdated to the original due date on my signed Letter of Offer, and the full balance will be payable immediately.
2. I also confirm that I understand and agree that if payments are not made by the due date, this debt will be passed on to an external debt collection agency and that I will be responsible for the outstanding debt and the cost of collection which is currently 15% of the outstanding debt plus any other fees associated should further legal action be taken.
3. This Agreement is confidential and is not to be disclosed to other students. If other students are informed about the terms of this Agreement, the full balance will be payable immediately and late fees will be added from the original due date on my Letter of Offer.

**I declare that the information provided by me on this form is true and correct. I accept these conditions and terms stated above.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_