



Fee Extension Request Form

Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:
Mars Institute – Level 6, 416–420 Collins Street, Melbourne, Victoria 3000. 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: _____