

## **Finance Payment Extension Request Form**

This form is used for any student requesting fee deferral. The General Manager is the approving authority for such requests.

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Student First Name		Student Last Name						
Student ID		Mobile Contact						
2. PAYMENT DEFERRAL	REQUEST DETAILS							
Course Name		Request Date						
Semester/Study Period		Academic Year						
Amount Owing								
Invoice Due Date								
Expected Payment Date								
Reason for Delayed Payment Request								
Student Signature	D	Date						
3. APPROVAL								
The request for deferral of payment has been approved ☐ Yes ☐ No								
General Manager Name	Signature	Di	ate					
If not approved, provide reas	son nere.							
Office Use Only								
Date decision received by AIHE Finance Officer:								
Student payment record update								