

Continuing students whose financial position has been affected by circumstances beyond their control may apply for an extension to the payment due date. The application must be made prior to the payment due date and accompanied by proof of financial hardship and supporting documentation.

A fee extension/payment plan will be given at the discretion of KCBT.

**Please note that students in their first-course enrolment at KCBT are not eligible to apply for an extension of fees.**

**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 KCBT; or
- Previously defaulted on financial agreements; or
- Not supplied sufficient proof of financial hardship; or
- Incomplete applications will not be processed.
- ***A fee of \$100 applies to all financial plan and extension requests. The fee must be paid if the request is approved. Approval will be void if the fee is not paid.***

PERSONAL DETAILS		
First Name:		Last Name:
Student ID:		Contact Number:
E-mail:		
Address:		
Current Course:		
Campus:		

REQUEST FOR FEE PAYMENT EXTENSION	
<p><b>Reason(s) for request:</b></p> <p>Please provide details of financial hardship and submit supporting documentation with this form. (bank statements, pay slips)</p>	

# Fee Payment Extension Request Form

CRICOS Provider Code: 03425F

RTO Code: 41183

<b><i>I wish to apply for an extension of the following fee payment:</i></b>			
I agree to pay the total amount:	\$	Original Due Date:	
<b><i>By the date/s stated below:</i></b>			
<b>NOTE:</b> Failure to pay fees by the extension date will incur a late fee of \$100 per week from the original due date stated on the Letter of Offer; please refer to KCBT fees policy.			

<b>CONDITIONS, PRIVACY STATEMENT &amp; DISCLAIMER</b>	
<p>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.</p> <p>2. I confirm that I understand that a fee of \$100 applies to all financial plan and extension requests. The fee must be paid if the request is approved. Approval will be void if the fee is not paid.</p> <p>3. 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 30% of the outstanding debt plus any other fees associated should further legal action be taken.</p> <p>4. This Agreement is confidential and is not to be disclosed to any third party including 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 to the original due date on my Letter of Offer.</p>	
<b><i>I declare that the information provided by me on this form is true and correct. I accept these conditions and terms stated above</i></b>	
Signature:	
Date:	