

**Tuition Plan Extension Request**

**Any student unable to meet the deadlines as laid out in their Student Contract, as per the Payment Addenda, may request for an extension or adjustment to terms with this form.**

**Please provide as much information as possible as to your specific circumstances and individual needs so as to assist us in assessing and assisting you if possible.**

**FORM MUST BE SUBMITTED AND RECEIVED NO LATER THAN 7 DAYS PRIOR TO PAYMENT DUE DATE\*.**

Student Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Tuition Plan: \_\_\_\_\_ Payment Due Date\*: \_\_\_\_\_

Reason for Payment Extension Plan Request: \_\_\_\_\_

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

Proposed Plan for Revised Payment Schedule: \_\_\_\_\_

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

**PLEASE PROVIDE ANY SUPPORTING DOCUMENTATION AND ATTACH TO APPLICATION FOR CONSIDERATION.**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:**

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Revised Tuition Plan Due Dates:** \_\_\_\_\_

\_\_\_\_\_  
**Finance Fees to be applied:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_