



Enrolment Extension Request Form
PLEASE FILL IN ALL FIELDS ON THIS FORM

Note:

- This form is for students who wish to extend the duration of their course.
- Students should submit the form at least 14 calendar days prior to their proposed course end date as per the CoE or Full Letter of Offer.
- Allow up to 20 working days from lodgement of a full application to be assessed and processed.
- Enrolment extension may incur additional tuition fees.
- The completed form should be submitted to the Course Coordinator of the relevant academic department.
- Students may be required to submit supporting evidence.

Student Details	
Student number:	Visa type and subclass:
Family name:	Given names:
Mobile:	Email:
Residential address:	
Course Details and Reason for Extension	
Current course:	
Please indicate the reason by ticking the appropriate box:	
<input type="checkbox"/> Compassionate and compelling circumstances (please attach supporting documents)	
<input type="checkbox"/> Unsatisfactory attendance and/or progress (Intervention Strategy Meeting may be required)	
<input type="checkbox"/> Other	
Please explain the details:	
Student Declaration:	
<ul style="list-style-type: none">• I have read and understood the above note and relevant College policies.• I declare that the information provided is true and complete.• I acknowledge that the provision of incorrect information or the withholding of relevant information may delay the processing of my application.• I am aware that it is my responsibility to make sure that my visa and health insurance is covered for the new duration of studies.• I understand that it is my responsibility to seek advice from relevant authorities including the Department of Home Affairs regarding the possible impacts to my visa.	



Signature of student:	Date (dd/mm/yy):
If the student is under 18, the form is to also be signed by the parent/guardian:	
Signature of parent/guardian:	Date (dd/mm/yy):
Office Use Only – Academic Department	
Date application received:	Received by:
Reason for the extension: <input type="checkbox"/> Compelling/compassionate circumstances <input type="checkbox"/> Part of Intervention Strategy Plan (ISP) <input type="checkbox"/> Not approved	
Extension duration (in months, from end date of their current course):	
Please provide the details of the case, and attach academic report and/or intervention strategy plan (if applicable):	
Academic officer:	Signature:
Date:	