

# 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.

| Section A – Student Details  |                  |
|--|------------------|
| Student number:  |                  |
| Family name:   | Given names:     |
| Mobile:  | Email:           |
| Visa type and subclass:  |                  |
| Residential address:   |                  |
| Section B – Course Details and Reason for Extension  |                  |
| Current course:  | Campus:          |
| Please indicate the reason by ticking the appropriate box: <ul style="list-style-type: none"> <li><input type="checkbox"/> Compassionate and compelling circumstances (please attach supporting documents)</li> <li><input type="checkbox"/> Unsatisfactory attendance and/or progress (Intervention Strategy Meeting may be required)</li> <li><input type="checkbox"/> Other</li> </ul>  |                  |
| Please explain the details:  |                  |
| Section C - Student Declaration  |                  |
| <ul style="list-style-type: none"> <li>• I have read and understood the above note and relevant College policies.</li> <li>• I declare that the information provided is true and complete.</li> <li>• I acknowledge that the provision of incorrect information or the withholding of relevant information may delay the processing of my application.</li> <li>• I am aware that it is my responsibility to make sure that my visa and health insurance is covered for the extended duration of studies.</li> <li>• 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.</li> </ul> |                  |
| Signature of student:  | Date (dd/mm/yy): |
| <b>If the student is under 18, the form is to also be signed by the parent/guardian:</b>   |                  |
| Signature of parent/guardian:  | Date (dd/mm/yy): |

| Office Use Only – Academic Department  |  |
|--|--|
| Date application received:   |  |
| Reason for the extension:<br><input type="checkbox"/> Not approved<br><input type="checkbox"/> Compelling/compassionate circumstances<br><input type="checkbox"/> Part of Intervention Strategy Plan (ISP) | Fee involved?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 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:  |  |