

Application For Extension Enrolment

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Phone:
Course Title:	Email:
Batch:	Date:

Student Extension Request

I (Print Name) _____ Student Number _____ am enrolled at Austrasia College and wish to apply for extension my studies in my course(s) stated below (List all courses you wish to Extend):

I wish to extend my studies from _____ to _____ for _____ weeks.

Student Reason for Extension Enrolment (Please detail your reason(s) for wishing to extend your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary)

By signing this document, you are indicating that you are aware of Austrasia College's Student Extension Policy and terms and conditions stipulated in your Offer Letter and Student Acceptance Agreement.

I (Print Name) _____ declare that all information and supporting documentation provided by me is true and correct.

Student Signature: _____ Date: _____

Please note: If you are on a student visa and your extension request is approved, government legislation requires Austrasia College to inform the Department of Home Affairs (DHA) of the extension.

Office use only.			
Application Received By	Name:	Signature:	Date:
Payment received	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Application Status	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected		
Action Taken By	Name:	Signature:	Date:
Staff Comments:			