

## Application For Extension Enrolment

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

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

### 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):

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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)**

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**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:			