Application for Extension of CoE

Section 1 - Student Details	
Family Name:	Given Name:
Student ID:	
Contact No:	Email Address:
Course/Program:	
Course Start Date:	Course End Date:
Packaged Enrolment: ☐Yes ☐No *(If yes, please specify packaged courses below)*	

Note:

- It is an Australian Government requirement that all students studying on a student visa are covered by Overseas Student Health Cover (OSHC).
- You are advised to seek advice from the Department of Home Affairs on the potential impact of the extension of your course on your student visa.

Section 2 – Request Details *(Please tick appropriate box)*
This request to extend my course duration is by cause of: ☐Course Progress/ Intervention Strategy ☐Compassionate and/ or Compelling Circumstance
Comments/ Details: *(Provide supporting documents)*

Section 3 – Course Details and Study Plan *(To be completed by the Course Coordinator)*
Course Name:
New Course End Date:
Comments/Details:

Timetable for Completion: *This section must outline the units arranged to be undertaken for each remaining term, including the current study period.*	
Study Period:	Study Period
Study Period	Study Period

Section 4 – Student Declaration	
☐ I declare that all information provided in this application are true and correct. ☐ I have discussed Section 3 with my Course Coordinator and I have read and understood the information contained on this form. ☐ I understand that the extension of my studies also extends my original Acceptance Agreement by the same period, and I have read and understood the information contained in the Acceptance Agreement.	
Student Signature:	Date:

Section 5 – Office Use Only	
☐ Request Approved	☐ Request Not Approved
The program agreed upon with the student will be completed by Term _____, 20____. Based on the information provided by the student and my academic assessment of the student's progress and stated intentions, I consider that the student has a reasonable expectation of completing the course in this time. Comment(s):	
Course Coordinator Name:	
Signature:	Date:

Receiving Staff:	
Signature:	Date: