

STUDENT REQUEST TO EXTEND

PERSONAL DETAILS	
Alliance College Student ID:	Date of Birth:
Family Name:	Given Names:
Student Visa (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Postal Address:	
Contact Phone Numbers (day):	Email Address:
COURSE INFORMATION	
Course Name:	
Course Start Date: ____ / ____ /20 ____	
Course Finish Date: ____ / ____ /20 ____	
Visa Expiry Date:	
Overseas Student Health Cover Expiry Date:	
<p>I have read and understand the refunds policy on my letter of offer and I certify that all information on this form, including supporting documentation and evidence, is correct.</p> <p>Signature: _____ Date: ____ / ____ /20 ____</p> <p>Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, your parent or guardian must sign below:</p> <p>Parent/Guardian Name: _____</p> <p>Signature: _____ Date: ____ / ____ /20 ____</p> <p><i>Application forms not signed by the student and where applicable Parent/Guardian will not be accepted.</i></p>	

COURSE EXTENSION DETAILS – to be completed by Student Support Team

Course Extension Start Date: ____ / ____ /20____

Anticipated Course Completion Date: ____ / ____ /20____

An extension to the COE is required because:

Compassionate/compelling circumstances apply:

- Medical reasons (medical certificate required)
- Illness/death of family member (evidence required)
- Timetable issue out the students' control
- Student has failed units in study period with no intervention is required
- Other (please specify): _____

OR

Intervention Strategy/ new study plan (please provide evidence)

- Student has failed to meet satisfactory progress requirement, which may involve units requiring either re-submission/re-sit to enable completion of the course. (this should form part of the Course Progress Review Process and thus an intervention strategy must be in place).
- Outcome of an academic review (ie. student had reduced study load due to intervention strategy) Other (please specify): _____

OR

- Student approved leave of absence, deferral or suspension of studies which now requires an extension to the COE

Principal Course Trainer

Name: _____ Signature: _____ Date: _____

Student Support Officer

Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

LoO and CoE issued and emailed to student	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OSHC Extension Evidence Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student advised to extend Student Visa (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PRISMS Updated	By:	Date:
VETtrak Updated (if applicable)	By:	Date:
Student Portal/Other Database Updated (if applicable)	By:	Date: