

Enrolment Extension Request Form

PLEASE FILL IN ALL FIELDS ON THIS FORM

- 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 or via Student Application Portal <<https://connect.portal.aibtglobal.edu.au/>>.
- Students may be required to submit supporting evidence.

Section A – Student Details

Student Number:

Family Name:

Given Name:

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:

- ☐ Compassionate and compelling circumstances (please attach supporting documents)
- ☐ Unsatisfactory attendance and/or progress (Intervention Strategy Meeting may be required)
- ☐ Other

Please explain the details:

Section C – Student Declaration

- I have read and understood the above note and relevant College policies.
- I declare that the information provided is accurate and the form is fully completed.
- I acknowledge that the provision of incorrect information or the withholding of relevant information may delay the process of my application.
- I am aware that it is my responsibility to make sure that my visa and health insurance is covered for the extended duration of my studies.
- 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.

Signature of Student:

Date (dd/mm/yy):

If the student is under 18, the form is also to be signed by the parent/guardian:

Signature of parent/guardian:

Date (dd/mm/yy):

Office Use Only – Academic Department

Date Application Received:

Reason for the extension:

- ☐ Compelling/compassionate circumstances
- ☐ Part of Intervention Strategy (ISP)
- ☐ Not approved

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 plan (if applicable)

Academic Officer:

Signature:

Date (dd/mm/yy):