



COURSE EXTENSION APPLICATION FORM

USE BLOCK LETTERS WHEN COMPLETING THIS FORM
AND PLEASE KEEP A COPY

INFORMATION FOR STUDENTS

Please read the information below before completing the form.

GENERAL INFORMATION

- If you are unable to complete your course by the end date stated on your Offer Letter or Confirmation of Enrolment (CoE) you should complete this form.
- You should return this form to Admissions (admissions@aih.nsw.edu.au) at least one semester prior to your end date.
- Application for a course extension may only be approved on the following grounds:
 - As a consequence of compelling or compassionate circumstances which have delayed progress. In the case of compassionate circumstances, documentation to support the request, such as medical certificates, should be provided;
 - As a consequence of an intervention strategy implemented for students having difficulties in their course;
 - As a result of failure in occasional units which did not place you in a position of unsatisfactory progress.
- Course extension is usually only granted for a maximum of 2 additional semesters.
- You should refer to the **Student Progression and Exclusion Policy** and associated Procedure for details on the maximum duration permitted.
- If you fail to complete course requirements within the specified time limit (including any extension of time granted) you will have your enrolment terminated.

Privacy: We recommend that you read the AIH's Management of Personal Information Policy and associated Procedure published on our website [www.aih.nsw.edu.au]

Return this form to:
 Australian Institute of Higher Education P/L
 Level 3, 545 Kent St, Sydney NSW 2000
 Phone +(612) 9020 8050, Fax +(612) 8004 9286
 Continuing Students Email: [studentservices@aih.nsw.edu.au]
 New Students Email: [admissions@aih.nsw.edu.au]

PERSONAL DETAILS

Title: Mr Ms Other (please specify)	
Family name:	
First name(s):	Male Female
Date of birth (dd/mm/yy):	
Student ID:	
Phone (home/mobile):	
Email:	
Full address:	
City:	Post code:
State:	Country:
Undergraduate courses Diploma of Business Information Systems Associate Degree of Business Information Systems Bachelor of Business Information Systems Bachelor of Accounting Bachelor of Business	
COURSE EXTENSION DETAILS	
Reason for course extension:	
Course extension duration (number of additional semesters required):	
Evidence provided (if any, please state below)	



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STUDENT DECLARATION

I declare that the information provided by me is accurate and complete. By signing this form, I declare that I understand the conditions stated on this form and as specified in the Student Progression and Exclusion Policy and associated Procedure.

Signature:

Date:

OFFICE USE ONLY

Received by:

Received date:

Diary Note made in Student Management System

TO BE COMPLETED BY THE AUTHORISED REPRESENTATIVES

Accounts Reviewed By:

Date:

Financial

Comments:

Academic Reviewed By:

Date:

Approved

Declined

Comments:

Number of subjects remaining:

Admissions Update By:

Date:

CoE Updated

Student Management System Updated

Signed Form uploaded into Student Management System

Student Notified

Comments: