

| FR 4.6 Course Extension Request | | | | | | | | | |
|---|-----------------------------------|---|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Given Name: | Surname: | | | | | | | | |
| Address : | | | | | | | | | |
| Student Number: | | | | | | | | | |
| Phone: | Mobile: | | | | | | | | |
| Email: | | | | | | | | | |
| Course Code and Name: | | | | | | | | | |
| Course Enrolment Date: | Course Expiry Date: | | | | | | | | |
| Reasons for extension: please attach evidence to support your application (medical certificates and letters etc) | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Extension period you are applying for:</td> <td style="width: 15%;">1 month <input type="checkbox"/></td> <td style="width: 15%;">2 months <input type="checkbox"/></td> <td style="width: 15%;">3 months <input type="checkbox"/></td> </tr> <tr> <td>Tick applicable box</td> <td>4 months <input type="checkbox"/></td> <td>5 months <input type="checkbox"/></td> <td>6 months <input type="checkbox"/></td> </tr> </table> | | Extension period you are applying for: | 1 month <input type="checkbox"/> | 2 months <input type="checkbox"/> | 3 months <input type="checkbox"/> | Tick applicable box | 4 months <input type="checkbox"/> | 5 months <input type="checkbox"/> | 6 months <input type="checkbox"/> |
| Extension period you are applying for: | 1 month <input type="checkbox"/> | 2 months <input type="checkbox"/> | 3 months <input type="checkbox"/> | | | | | | |
| Tick applicable box | 4 months <input type="checkbox"/> | 5 months <input type="checkbox"/> | 6 months <input type="checkbox"/> | | | | | | |

Course Extension Conditions

You must submit your application for extension prior to the course expiry date and ensure all course fees due have been paid prior to the extension request. If your request is successful you will be required to pay a course extension fee outlined in the *Schedule of Administrative Fees* (available on the Open Colleges website). A maximum of six months may be granted, and Open Colleges reserves the right to refuse an application for extension.

Declaration

I have read and accept the course extension conditions and declare that the information I have provided is correct and complete. I understand that any course extension must comply with the terms and conditions of enrolment.

Signature _____ Date _____

I would like to pay the course extension fee by Visa MasterCard

Card Number

Expiry / CVV

Cardholder Name: (please print) _____ Amount \$ _____

Cardholder Signature _____