Open Colleges

Opening Opportunities

Phone 02 9433 3655 Fax 02 9433 3666

Level 7, 280 Elizabeth Street, Sydney NSW 2000

ACN 000 011 692 | ABN 61 000 011 692

www.opencolleges.edu.au

Course Extension Request

Given Name:	**Surname:**
Address :	
Student Number:	
Phone:	**Mobile:**
Email:	
Course Name:	
Course Enrolment Date:	**Course Expiry Date :**
Reasons for extension: please attach evidence to support your application (medical certificates and letters etc)	

Extension period you are applying for: **1 month** ☐ **2 month** ☐ **3 month** ☐
Tick applicable box **4 month** ☐ **5 month** ☐ **6 month** ☐

Course Extension: Important Information

You must submit your application for extension prior to the course expiry date and have paid all course fees 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. 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.

Signature _____ Date _____

I would like to pay the course extension fee by ❑ Cheque ❑ Money Order ❑ Visa ❑ MasterCard

Card Number ❑❑❑❑ ❑❑❑❑ ❑❑❑❑ ❑❑❑❑ Expiry ❑❑ / ❑❑

Cardholder Name: (please print) _____ Amount $_____

Cardholder Signature _____

Please make cheque/money order payable to Open Colleges.

OFFICE USE ONLY			
Course Expiry Date / /	Fee Charged Y / N	Date application received / /	QMS No.
Course fees UTD Y / N	Fee paid $	Decision UPHELD REJECTED	
Course extended Y / N	Transfer date / /	Explanation	
Signature			