**COE EXTENSION REQUEST FORM**

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| --- | --- |
| **Student Name:**  |   |
| **Student ID:**  |   | **Date of birth:**  |   |
| **Mobile:**  |   | **Email:**  |   |
| **Student’s location when applying this form** | [ ]  **In Australia** [ ]  **Outside of Australia** |
| **Current address:** |   |

|  |  |
| --- | --- |
| **Course Name** |   |
| **Current CoE Start Date:**  | **Current CoE End Date:**  |
| **Total units achieved Competence** |   | **Total units submitted pending result** |   |
| **Total outstanding units** |   | **Number of weeks request for extension** |   |

Please note that as per Standard 8 – Overseas Student Visa Requirements of the National Code 2018, international students on a student visa must be in a position to complete their course within their expected course duration. A COE extension may only be granted in limited circumstances, some of which are outlined below. If applicable, please ensure that the student is provided with the relevant supporting documents to submit with their COE extension application.

|  |  |  |
| --- | --- | --- |
| **Tick the relevant reason**  | **Reason for requesting CoE Extension** | **Supporting document required** |
|[ ]  ACADEMIC PROGRESS  | *Attach an academic progress or intervention strategy letter from Student Services along with a new training plan / study improvement plan*  |
|[ ]  APPROVED LEAVE / SUSPENSION HAS OCCURRED DURING COURSE DURATION  | *Attach the approved leave letter issued by GBCA* |
|[ ]  CHANGE OF VISA WHICH REQUIRES THE STUDENT TO APPLY FOR A STUDENT VISA | *Attach a copy of passport and the current visa* |
|  | COMPASSIONATE AND / OR COMPELLING REASONS: |  |
|[ ]  * + Serious illness or injury
 | *attach medical certificate or other relevant medical documents* |
|[ ]  * + Bereavement of a family member or another traumatic experience
 | *attach supporting evidence. e.g. death certificate: letter from a counsellor etc* |
|[ ]  * + Others (Please specify)
 | *Attach relevant documents* |

**Student declaration:**

I declare that I have provided the true and correct information.

I accept new CoE on the basis of my current student acceptance agreement with GBCA.

I agree to pay the CoE extension fee of $250 per week if my request is approved.

Signature Date

**Office use only**:

Number of unit (s) the student has left to complete the course:

Based on a full-time enrolment, what is the expected course end date:

Do you approve the request for extension of CoE? [ ]  Yes [ ]  No

GBCA Compliance Manager:

Name: Signature

Position: Date: