



## Application for Extension of Studies

(eCoe for student visa extensions)

### PLEASE READ ALL SECTIONS OF THIS DOCUMENT

Please note all sections of the form must be completed and all necessary documents must be submitted

**INCOMPLETE FORMS WILL NOT BE PROCESSED AND IT MAY DELAY YOUR VISA EXTENSION PROCESS**

### SECTION 1 - PERSONAL DETAILS (COMPULSORY)

Family Name: \_\_\_\_\_ Given Name/s: \_\_\_\_\_

Student ID: \_\_\_\_\_ DOB(DD/MM/YYYY): \_\_\_\_\_ Gender \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

### SECTION 2 - DIBP DETAILS & OSHC INFORMATION (COMPULSORY)

Passport No: \_\_\_\_\_ (Must show original)

Current Visa Expiry Date: \_\_\_\_\_ (Must show original)

OSHC Expiry Date: \_\_\_\_\_ **MUST COVER THE REMAINING PERIOD OF YOUR STUDIES**

Policy Number \_\_\_\_\_ (Must show original or provide a copy)

Department of Home Affairs Office you are going to apply for the visa:

### SECTION 3 - COURSE DETAILS & STUDY PLAN (COMPULSORY)

Course's Name in full: (including packaged enrolment) \_\_\_\_\_

Expected Course Completion Date: \_\_\_\_\_

Reason for Extension: \_\_\_\_\_

### TIMETABLE FOR COMPLETION

You must outline the units you are planning to take for each remaining term, including the current study period (e.g. Term 1,2010)

Study Period	_____	Study Period	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Study Period	_____	Study Period	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 4 - TO BE COMPLETED BY ACADEMIC ADVISER (COMPULSORY)**

The information provided below will be used by Academies Australasia Polytechnic Pty Limited as a guide to the length of time required by the student to successfully complete their program of study.

Please consider the timetable supplied by the student and taking into account their progress to date please advise on an expected date for completion.

Please note:

1. The completion date confirmed must be for the program the student will qualify for, which is not always the program that the student is currently enrolled in and should not be inclusive if any graduation ceremony the student may wish to attend.

2. Student visa requirements, as set down by the Department of Home Affairs and ESOS Act, requires that students be able to complete study within the duration of eCoE's. VET students need to be enrolled full time unless there are compelling reasons for less than full time. For Higher Education students, full time should be a weighting of no less than 75% of the total credit point value of their course per semester.

**3. There is an exception to Point 2 above, when students are completing their final semester of study and need only be enrolled part time to complete, AND if they have not failed the subject/s more than once.**

4. **Probation** occurs when pass rate falls below 50% for 2 consecutive terms/ semesters and eCoEs / student visas will be issued for one (1) semester only

The program proposed by the student will be completed by _____ semester/term, 20____ (please indicate study period and year).	
The study period officially ends in the month of _____.	
Based on the information provided by the student and my academic assessment of the student's progress and stated intentions, I consider that the student has a reasonable expectation of completing the degree/course in this time.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Academic Comments: _____	
Name of Academic Adviser: _____	Signature _____
Department: _____	Date: _____

**SECTION 5 - STUDENT TO COMPLETE COMPULSORY**

**(Please read all the information, tick and sign and date this form. Forms without signatures will NOT be processed)**

<input type="checkbox"/>	1. I have checked that I have provided my correct details and I have discussed Sections 3 and 4 of this form with my academic adviser and I have read and understood the information contained on this form:
<input type="checkbox"/>	2. This extension of my studies also extends my original "Acceptance Agreement" by the same period, and I have read and understood the information contained in the Acceptance Agreement.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO Student Services OFFICE (You are responsible for ensuring the form reaches our office)**

Academies Australasia Polytechnic Pty Limited, Student Services Office, Level 7, 628 Bourke St, Melbourne VIC 3000