

## Extension Request Form

### When should you use this form?

All students requesting an extension to their unit(s) in their course must complete this form. The submission of the form does not automatically approve an extension.

Applications for Extension will NOT BE GRANTED if you have:

- Submitted the form AFTER the course finish date; or
- Have an existing unpaid liability from GCLC; or
- Previously defaulted on financial agreements; or
- Not completed the form correctly

### Fees

- If the extension request is received before due date there is a \$0 fee for extension.
- If the extension request is received up to 28 days after the due date there is a \$100 fee for extension.
- If the extension request is received over 28 days after the due date there is a \$250 fee for reenrollment.

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### SECTION 1 - Personal Details

Student Number: \_\_\_\_\_

Surname/Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### SECTION 2 – Please list the course and unit(s) you are seeking extension for

Course: \_\_\_\_\_

Unit 1: \_\_\_\_\_

Unit 2: \_\_\_\_\_

Unit 3: \_\_\_\_\_

Unit 4: \_\_\_\_\_

Unit 5: \_\_\_\_\_

Unit 6: \_\_\_\_\_

Unit 7: \_\_\_\_\_

### Attach further pages if required.

### SECTION 3 – State reason for extension(s)

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Please attach documents to support your application



Is this request before or after the due date?

Before

After

**SECTION 4 – Student Declaration (please tick)**

I understand that the information provided in support of my application for an extension is true in every aspect.

I understand that payment must be received before the extension is granted.

A late payment will be charged for payments past the extended due date.

Cancelled International students will be reported to Department of Home Affairs (DOHA) authorities of this breach of student visa conditions.

I understand that if the request that I submit is incorrect or incomplete that my request will not be processed.

I accept these conditions and terms stated above.

\_\_\_\_\_  
Students Name

\_\_\_\_\_  
Students Signature

\_\_\_/\_\_\_/\_\_\_  
Date

**OFFICE USE ONLY – This section is to be signed by the Manager**

\_\_\_\_\_  
Manager (print name)

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date

**OFFICE USE ONLY – This section is to be signed by an Administration Officer / Accounts Officer**

\_\_\_\_\_  
Administration (print name)

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date

