

# Student ELICOS Course Extension Request Form



**SHAFSTON**  
www.shafston.edu

Version 1.0

Student's Personal Details			
Family Name:		Student ID No.:	
Given Name:		Mobile No.:	
Email Address:		Date of Birth:	
Type of Visa:		Visa Expiry Date:	
Address:			

Extension Request			
Course:			
Current End date:			
Number of extra weeks requested:			
Extension start date:		Proposed End date:	

## PLEASE NOTE the following points:

- Shafston strongly advises all student visa holders to seek advice from Department of Home Affairs regarding the impact this change may have on their student visa and overseas health cover status. Strict conditions apply under student visa conditions.
- Upon receiving the signed Student ELICOS Course Extension Request Form, the fees will be provided to you, the student and/or the agent.
- Student visa holders will not be issued a New COE until all outstanding fees are settled in full.
- Shafston will promptly process the requested changes to your enrolment once the payment is received.

## Student Declaration

I declare that the above is a true statement to the best of my knowledge and that by signing below I agree not to make any further claims against Shafston International College for any compensation, financial or otherwise.

I take full responsibility for this decision and understand that Shafston International College will inform the relevant Government bodies and departments of my decision to change my enrolment status.

I understand that my request to change my enrolment may incur administration fees and charges as per the Terms and Conditions of Enrolment.

I understand that if I have not supplied the appropriate documentary evidence, or if the information supplied is false and misleading, it may affect the outcome of my application.

Student Signature: \_\_\_\_\_

Signed Date: \_\_\_\_\_

Guardian Signature (if student is under 18): \_\_\_\_\_