

Student ELICOS Course Extension Request Form

**Please complete all information and submit to reception for consideration.
CCEB will then let you know if your request is approved.**

Student Details

Family Name:

Student Number:

First Name:

Date of Birth:

Contact Address:

Phone Number:

Email:

Visa Expiry Date:

Type of Visa:

Current Level/class:

Course:

Extension Request

Current End date: / /

Number of extra weeks requested:

Extension start date: / /

Proposed End date: / /

Fees (to be completed by CCEB Staff)

Tuition Fees \$

Material Fees \$

Other (OSHC, Exam Fees etc) \$

Total \$

Declaration

I understand that if I make any other changes to the above request after the documents have been processed; there will be an administration fee of \$50.00

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 Cairns College of English and Business for any compensation, financial or otherwise. I take full responsibility for this decision and understand that Cairns College of English of Business will inform the relevant Government bodies and departments of my decision to change my enrolment status.

Student Signature:

Date:

Guardian Signature (if student is under 18):

<i>Office use only</i>			<i>Date</i>	<i>Initial</i>
<i>Approved?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Received</i>	
<i>Staff member signature:</i>	<i>Changed in Stars</i>			
<i>Date:</i>	<i>Changed in PRISMS (if reqd)</i>			
<i>Invoice Issued</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<i>CoE issued (if reqd)</i>
<i>Payment Received</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<i>Agent informed (if reqd)</i>