Extension of Studies Request Form

Complete and sign this Form and forward to the International Student Coordinator at Job Training Institute
City Campus: Level 4, 259 Collins Street Melbourne VIC 3000

Date of the Application:		
Student Full Name:		
Student ID:	**Phone Number:**	
Email Address:		
Student Address:		
Course Code & Name:		
Trainer Name:		
Current Course End Date:		
Requested Course Extension (in weeks):		

Reason for Course Extension *(Tick all that apply and provide evidence where applicable)*

☐ **Compassionate or compelling circumstances (attach evidence)**

☐ **Variation in course structure**

☐ **Pending units due to academic intervention**

☐ **Medical condition (attach medical certificate)**

☐ **Other (please specify):** _____

 Provide brief explanation:

Supporting Documents Attached: ☐ **Yes** ☐ **No**

Student Declaration

I declare that the information I have provided in this request is true and correct to the best of my knowledge.

I understand that:

- This request is subject to the approval of the Registered Training Organisation (RTO) and must comply with the National Code under the ESOS Act and ASQA regulatory standards.

- Any extension of my course duration will only be approved in limited circumstances as permitted under **Standard 8 of the National Code 2018** (e.g., compassionate or compelling circumstances, intervention strategy implementation, or approved deferment/suspension).

- The approved course end date will be updated in **VETtrak** and reported through **PRISMS** to the Department of Home Affairs as required under CRICOS obligations.

- I am responsible for maintaining satisfactory course progress and attendance during the extension period in accordance with my student visa conditions.

Student Signature: **Date:**	

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For Office Use Only

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Extension Request Approved by Trainer / Coordinator?

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☐ **Yes**
☐ **No,**   **Comments If Applicable:**

Trainer's Name:

Trainer's Signature:

Date:

Extension Request Approved by QA Department?

☐ **Yes**
☐ **No,   Comments If Applicable:**

New End Date Approved: _____ / _____ / _____

Evidence of Participation Verified: ☐ **Yes** ☐ **No**

PRISMS updated and new CoE issued: ☐ **Yes** ☐ **No**

Student notified: ☐ **Yes** ☐ **No**

Vettrak Updated: ☐ **Yes**   ☐ **No**

Comments, If Applicable:

QA Officer Name:

Signature:

Date:

Record Retention

All course extension records, related documentation, and supporting evidence will be securely retained for a minimum of **seven (7) years**, in accordance with the **Standards for Registered Training Organisations (RTOs) 2015**, the **ESOS Act 2000**, and the **National Code of Practice for Providers of Education and Training to Overseas Students 2018**.

These records must be readily accessible for audit, compliance, and reporting purposes under **ASQA** and **CRICOS** requirements.