

Course Extension Request Form

This form is used to extend the expected completion date of your course. It must be completed and submitted to EIM Training administration thirty (30) days **before** the expected completion date of your course. Requests will be responded to within fourteen (14) days of submitting this form.

Given Name:		Surname:	
Address:			
Contact Number:		Email:	
Qualification Name:			
Date of Enrolment:		Expected Completion Date:	
Duration of Extension Requested:		New Expected Completion Date:	
Reason for Extension Request:			

Extensions are subject to availability and EIM training reserves the right to refuse a Course Extension Request at its absolute discretion. For a request to be approved all course fees must be paid in full and if your request is successful you will be required to pay the Extension Fee as outlined in the Schedule of Administrative Fees. Requests for course extension will not be accepted if it is submitted less than thirty (30) days before the completion of the program or the expected completion date. A maximum extension of three (3) months will be granted.

Declaration

I have read and accept the course extension terms and conditions, and declare that the information I have provided is correct and complete. I understand that any course extension must comply with the terms and conditions.

Print Name:		Signature:		Date:	
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Payment Method

Please indicate how you would like to pay the extension fee of \$_____:
 (Please refer to the Schedule of Administration Fees to calculate correct fee).

<input type="checkbox"/> Credit Card	Card Number:		Expiry Date:	
	Name on Card:			
	Signature of Card Holder:			
<input type="checkbox"/> Bank Deposit	Deposit To:	EIM Training Pty Ltd Branch No. (BSB) 014-596 Account Number 4994-43758 (Please use surname and first initial as a reference, and please also provide a copy of the bank deposit receipt with this form)		

FOR EIM OFFICE USE ONLY			
Date Request Received:		Request Approved:	
Current course expected completion date:		New course expected completion date:	
Extension fee received:		Extension processed in aXcelerate:	
Name of EIM Admin Staff:		Signature:	
Notes:			