Course Extension Form

Date: __________________

Student Name:_____________________   Student Number _____________________

Current Course:_______________________________________________________________

Course Start Date: _____________________ Course End Date: ________________________

Continuing Course: ____________________________________________________________

Continuing Course Start Date:_______________________

Continuing Course End Date:________________________

Student Signature:________________________________________________________

Comments:______________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Fees for extension:

Course Fee: $_______________

Material Fee: $_______________

Other Fees: $________________

Approved by: ________________________________________________

Signature: __________________________ Date: ______________________

Please submit this form to ANIBT Reception, located on Level 7, 474 Flinders Street, Melbourne VIC 3000, Australia.
Tel: 61-3-9620 2922    Fax: 61-3-9620 2933    Email: info@anibt.vic.edu.au    Web: www.anibt.vic.edu.au