



Australian National
Institute of **Business
and Technology**

CRICOS: 02056B RTO: 21368

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