Qualification 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