# Extension Application Form

*To lodge this form, return it to Kingston Academy of Australia <info@kingstonacademy.edu.au>. Every request is reviewed on a case-by-case basis. You will receive a response within ten (10) business days.*

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| **Section A - Personal Detail** |

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| Student Number: |  | Student Name: |  |
| Date of Birth: |  | Mobile Number: |  |
| Email Address: |  |
| Postal Address: |  |

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| **Section B - Current Enrolment Details*****(Please attached relevant documents to support your request)*** |

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| Course Code and Title: |  |
| Proposed completion period: |  | Requested completion period: |  |
| Reason for Request: | [ ]  Medical Reasons (attach supporting documents, e.g., medical certificate)[ ]  Delayed Assessments / Placement[ ]  Personal or Family Circumstances[ ]  Academic Difficulties[ ]  Other (Please specify) :  |

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| **Section C - Acknowledgment of Service Fee** |

A service fee of **$50** is required for processing this request. This fee is non-refundable and must be paid before the request is reviewed. The Kingston Academy of Australia bank details are as follows:

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| Account name: | F&Z Education Pty Ltd |
| Bank Name: | Commonwealth Bank of Australia |
| Bank address | 21 Swanston Street, Melbourne, VIC 3000 |
| Branch Number (BSB): | 063011 |
| Account Number: | 10803129 |
| SWIFT code: | CTBAAU2S |

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| **Section F - Declaration** |

I, the undersigned, confirm the tuition fee are paid up to date. I acknowledge that I have read and understood the Extension Policy and Procedure. I am aware changes to my enrolment may affect my Student Visa and I should seek advice from DIBP. I certify that the information provided in this form is correct and complete.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Office use only**  |

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| Approved by: |  |
| Signature: |  |
| Date: |  |