

Application for Extension Form

International Students

This form is to be completed by students who wish to extend their studies. Extension of studies will be granted as per Southern Academy of Health Sciences Student Administration Policy. Students may extend their studies for up to 12 months as a maximum. Students are required to complete this form giving reasons for the extension.

Student details

Student Name:	Student ID:
Date of Application: / /	Course:

I wish to extend my enrolment with Southern Academy of Health Sciences. Please include the duration of the extension you are seeking and the date you wish to recommence, as well as the reasons for extending your studies:

I wish to extend my enrolment until (insert date): _____

Address while on leave (if different to existing details):	
Phone:	Mobile:
Email:	

In signing this form you agree:

- The information provided is true and complete
- That you have attached all required supporting documents.

Signatures

Student	Parent Guardian (If under 18 years of age)
Signed:	Signed:
Printed Name:	Printed Name:
Date:	Date:

Please return this form to our office at the details below. We will advise you of the outcome of your application.

Application for Extension Form

International Students

Office Use Only

Extension Form

Approved

Not Approved

Checklist

Notified Student

SMS updated

PRISMS updated

Comments:

Approved/Rejected By:

Staff Name:

Position:

Signature:

Date