

International Unit Use Only

Received By MP date:

## REQUEST FOR CONFIRMATION OF ENROLMENT (COE) EXTENSION

This form is to be completed by international students needing to extend the duration of their current COE beyond the original COE end date to enable them to complete course requirements. If approved, a new COE will be emailed to the student.

A COE extension may not be processed and/or approved if the student has breached any TAFE SA Policy, Procedure, Code of Conduct, has outstanding fees or any other negative issue on their student record.

Please return this form to the International Unit ([tafesa.international@tafesa.edu.au](mailto:tafesa.international@tafesa.edu.au)).

### Section A: Personal details (Student to complete)

|                                                                                                                                                                                                                                                     |  |                                                                                                                           |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|-----------|
| Full name:                                                                                                                                                                                                                                          |  |                                                                                                                           |           |
| TAFE SA ID Number:                                                                                                                                                                                                                                  |  | Date of Birth:                                                                                                            |           |
| Address                                                                                                                                                                                                                                             |  | Suburb:                                                                                                                   |           |
|                                                                                                                                                                                                                                                     |  | State:                                                                                                                    | Postcode: |
| Email Address                                                                                                                                                                                                                                       |  |                                                                                                                           |           |
| Telephone                                                                                                                                                                                                                                           |  | Home:                                                                                                                     |           |
| Course Name:                                                                                                                                                                                                                                        |  | Mobile:                                                                                                                   |           |
| Current Visa Expiry Date:                                                                                                                                                                                                                           |  | Campus:                                                                                                                   |           |
| Are you a Sponsored Student?                                                                                                                                                                                                                        |  | <input type="checkbox"/> Yes, attach approval document from sponsor to support this extension <input type="checkbox"/> No |           |
| <b>Student Declaration:</b> I acknowledge that if I do not study in accordance with my TAFE SA study plan that my COE may be cancelled and that I must contact immigration to seek advice on any potential impacts on my visa or to get a new visa. |  |                                                                                                                           |           |
| Student Signature:                                                                                                                                                                                                                                  |  |                                                                                                                           | Date:     |

### Section: B Program Area authority (program lecturer to complete)

This COE Request Form must NOT be approved unless compassionate and/or compelling circumstances apply, or an intervention strategy has been approved. Complete ALL sections below.

|                                                                                           |                  |                                                                                                         |                  |
|-------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------|------------------|
| Course TAFE Code or National Code:                                                        |                  |                                                                                                         |                  |
| Revised student study plan – please list remaining units & hours                          |                  |                                                                                                         |                  |
| Semester 1 (Jan – July)                                                                   |                  | Semester 2 (July – Dec)                                                                                 |                  |
| Unit Name                                                                                 | Curriculum Hours | Unit Name                                                                                               | Curriculum Hours |
|                                                                                           |                  |                                                                                                         |                  |
|                                                                                           |                  |                                                                                                         |                  |
|                                                                                           |                  |                                                                                                         |                  |
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|                                                                                           |                  |                                                                                                         |                  |
|                                                                                           |                  |                                                                                                         |                  |
|                                                                                           |                  |                                                                                                         |                  |
| Will future study be impacted?                                                            |                  |                                                                                                         |                  |
| <input type="checkbox"/> Yes, subsequent qualifications will need to be deferred as well. |                  | <input type="checkbox"/> No, repeated units can be studied concurrently with subsequent qualifications. |                  |
| Revised Course Start Date:                                                                |                  | Anticipated Completion Date:                                                                            |                  |

An extension to the COE is required because:

Compassionate/compelling circumstances apply:

- ☐ Medical grounds (medical certificate required)
- ☐ Illness/death of family member (evidence required)
- ☐ Timetable issue out the student's control
- ☐ Student has failed 1 or 2 units in study period and no intervention is required
- ☐ Other (please specify): \_\_\_\_\_

OR

Intervention Strategy/new study plan (please provide evidence)

- ☐ Student has failed 3 or more units which needs either re-submission/repeating to enable completion of course requirements (this should form part of the Course Progress Review Process and thus an Intervention Strategy must be in place)
- ☐ Outcome of an academic review (ie. student had reduced study load due to intervention strategy)
- ☐ Other (please specify): \_\_\_\_\_

OR

- ☐ Student approved leave of absence, deferral or suspension of studies which now requires an extension to the COE

**If an Intervention Strategy reason is marked, a copy of the Intervention Strategy must accompany this form.**

The COE dates must match the end date that the student is assessed as meeting the course requirements.

Principal lecturer or program representative name:

Signature:

Date:

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| Processed by:                                                                                                                                                                                               | Date Processed:                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> COE issued and emailed to student<br><input type="checkbox"/> Form & COE copy filed in Studylink<br><input type="checkbox"/> If student sponsored, approval documentation attached | <input type="checkbox"/> PRISMS updated<br><input type="checkbox"/> Program Group notified<br><input type="checkbox"/> Student notified to extend Visa (if required) |