



Extension of ECoE Application Form

First Name:	Student ID Number:
Last Name:	Date of Birth:
Last ECoE Start Date:	Date of Application:
Last ECoE End Date:	Signature of Applicant:
Contact Number:	Name of Lecturer:
Email Address:	Dead Line: office use only
Current Residential Address:	

Please tick one of the following options to indicate the relevant course that is required to be extended.

- | | |
|---|--|
| <input type="checkbox"/> Certificate III Asian Cookery | <input type="checkbox"/> Certificate IV Asian Cookery |
| <input type="checkbox"/> Certificate III Commercial Cookery | <input type="checkbox"/> Certificate IV Commercial Cookery |
| <input type="checkbox"/> Certificate III Patisserie Cookery | <input type="checkbox"/> Certificate IV Patisserie Cookery |
| <input type="checkbox"/> Diploma of Hospitality | |

Please tick one of the following options to indicate the reason for your application.

- Compassionate or Compelling Circumstances
- IHMA has implemented its intervention strategy for students
- An approved deferment or suspension of study has been granted under standard 13

*** All above conditions require documentation support.**

*** This application must use in conjunction of PRE enrolment and POST enrolment checklist.**

Please date your requested Extension Date.

Please date your Visa Expiry Date.

DD/MM/YY to DD/MM/YY

DD/MM/YY to DD/MM/YY

Office Use

Academic Review and Update by:		Stamp of Approval
Intervention Strategy Review and Update by:		
Extension ECoE Approved by:		
Date of Approval for Extension ECoE:		

Finance Review and Update by:		Stamp of Approval
Date of Review:		

Administration Review and Update by:(Supporting Documentation Evidence)		Stamp of Approval
Date of Review:		

Wisenet Review and Update by:		Stamp of Approval
Date of Review:		

Data Record	Name of Officer	Date
PRISMS extended by? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Quickbook		
Wisenet		