

eCOE REQUEST FORM Continuing Students / Same Program

STUDENT DETAILS			
USQ Student Number:			
Name:			
Name of Program:			
Email Address:			
Visa Expiry Date:		1	
Is Visa Extension being lodged i If No, please specify the country			
I need an extension granted to complete my current program due to the following factor:			
Compelling Circumstances student's c and/or on t supporting		nate or compelling circumstances are those circumstances beyond a introl. These circumstances have an impact on a student's wellbeing eir ability to progress in the course/s or program. You must provide documentation explaining your circumstances in accordance with the t of Compassionate and Compelling Circumstances Procedure.	
□ Academic Progression	In most cases, you will have been placed on Conditional Academic Standing as a result of your GPA falling below 3 for undergraduate programs and 3.5 for postgraduate or for not completing more than 50% of your units in a semester.		
Have you previously been grant	ed an eCOE extens	ion for your current program?	□YES/□NO
If YES for what reason:			
STUDENT DECLARATION			
I will adhere to the conditions set out regarding approval of my requested eCOE extension. I confirm my status as a genuine temporary entrant in Australia for the purpose of obtaining an academic qualification through USQ. I understand an extension to my program length, may result in additional costs I incur for tuition fees, living expenses, OSHC, visa medicals and student visa extension. I understand any information provided by me may be divulged to the relevant Australian Government Departments responsible for Higher Education and Immigration, as required by law, if requested. I understand I will be notified by email of the Faculty's decision.			
able to contact you regarding enrolment, assessment and associated USQ services. The information may be made available to Commonwealth and State agencies and the ESOS Assurance Fund Manager pursuant to obligations under the Education Services for Overseas Students Act 2000 and National Code or other legislative requirements. Personal information will not be disclosed to third parties other than a USQ approved agent, partner or any organization who provides sponsorship to you for your studies, without your consent unless required by law.			
Date: S	udent Signature:		
EXTENSION DETAILS (OFFICE USE ONLY)			
Number of Courses to complete:		Number of Semesters to complete:	
Study Plan Attached			
Current GPA If GPA is less than 3.0(undergrad) or 3.5 (Grad) please include Intervention Strategy form			
Current Academic Intervention Strategy form attached			
I have read and understand the Education Services for Overseas Students (ESOS) Act 2000 and National Code 2007. The eCOE extension request has been approved in accordance with the above mentioned legislation.			
Faculty Administration Staff: PRINT NAME			
Date: F	aculty Staff Signature:		
Faculty Stamp			