

EXTENSION OF COURSE FORM

Section A: COURSE INFORMATION			For Official Use Only <input type="checkbox"/> Received By Name & Signature: _____ Date: _____ <input type="checkbox"/> Received By Lecturer Date: _____ <input type="checkbox"/> Submit to Principal for review and approval Date: _____ <input type="checkbox"/> Submit to Finance Department for fee arrangement (if applicable) Date: _____ <input type="checkbox"/> Inform the student Date: _____
Course Enrolled			
Commencement Date of Course	Course End Date		
Section B: STUDENT'S PARTICULARS			
Name of Student			
Nationality	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address		Postal Code	
Hand Phone No.	House Tel. No.	E-mail Address	
Section C: MODULES TO ARRANGE FOR EXTENSION			
List the module(s) to arrange for extension: 			
Section D: DECLARATION BY STUDENT			
I declare that the information given is true and accurate to the best of my knowledge and I have not willingly suppressed any information. I am fully aware that the extension of course is subject to ICA approval and I may pay additional fees (if applicable) for my extension of course.			
Student's Signature: _____ Date: _____			
Section F: RECOMMENDATION AND ENDORSEMENT OF LECTURER			
Recommendations/Endorsements: _____			
Lecturer's Name & Signature: _____ Date: _____			
FOR OFFICIAL USE ONLY			
EXTENSION OF COURSE STATUS			
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected			
Principal's Signature : _____			
Date : _____			
FINANCE DEPARTMENT			
Amount to be paid by student (if applicable) : _____			
Name of Approving Director : _____			
Signature of Approving Director : _____ Date : _____			