



Application for Modified Course Duration and Training Plan

Personal Details			
Student ID		Date of Application	
Given Name(s)		Surname	
Date of Birth		Email	
Address		Phone Number	
Course			
Course Start Date		Course End Date	
Details of Application for Modified Course Duration and Training Plan			
Please outline the circumstances/reasons for the above request			
Do you have evidence to support the circumstances/ reasons outlined? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please attach supporting documentation.</i>			
Student Declaration			
<input type="checkbox"/> I understand that the information provided in this form is true and correct;			
<input type="checkbox"/> I acknowledge I have a responsibility to maintain satisfactory course progression for each modified study period (Term). I understand that academic support is available to me when required as per Richmond School of Business guidelines.			
<input type="checkbox"/> I agree to pay any fees and charges from Richmond School of Business arising from my enrolment and academic activity as detailed on a Summary of payment due document.			
<input type="checkbox"/> I have read and understood RSB Complaints & Appeals Policy & Procedures.			
Signature		Date	
Office Use Only			
Is this application approved?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason (if disapproved)			
Actioned by		Position	
Signature		Date	