

Course Extension Form



SEVERN
BUSINESS
COLLEGE

PART A: TO BE COMPLETED BY THE STUDENT

All fields must be filled out for a successful submission

Title <i>(Please circle)</i>	Mr Miss Ms Mrs	Student Number	
First Name		Family Name	
Date of Birth	____/____/____	Phone Number	
Email			
Address			

PART B: Course and Start Date

Course Name	Start Date
	____/____/____

PART C1: Course and OLD End Date

Course Name	Old End Date
	____/____/____

PART C2: Course and NEW End Date

Course Name	New End Date
	____/____/____

PART D: Reason for course extension

PART E: DECLARATION

I accept that the fees for my course will differ from the original fees and additional fees must be paid (tick one below).

- £100/month
 £250/assignment

I accept that the course extension applies to only out of time frame assignment submission.

I am aware that in some cases/courses, course extension may not be allowed.

Signature		Date	____/____/____
-----------	--	------	----------------

PLEASE COMPLETE THIS FORM AND RETURN TO: admission@severnbusinesscollege.com

Office Use Only:

Accepted / Not Accepted

Date

Signature