530 Victoria Street, North Melbourne, VIC 3051 155-161 Boundary Road, North Melbourne, VIC 3051 41 Boundary Road, North Melbourne, VIC 3051 14-16 Grote Street, Adelaide, SA, 5000

> Email: info@scei-he.edu.au Web: www.scei-he.edu.au Phone: +61 3 9602 4110

HEFOR33 REQUEST TO INCREASE STUDY LOAD (International Student)

PART B – STUDENT DETAILS		
Student ID:		
Student First Name/s:		
Student Last Name/s:		
Date of Birth (DD/MM/YYYY):		
USI Number:	DART C. COLIRCE INCORMATION	
	PART C – COURSE INFORMATION	
Course Name:	DART D. INCREASE STUDY LOAD REQUEST	
	PART D – INCREASE STUDY LOAD REQUEST	
Increase Study Load information	☐ I request to study five (5) units per semester	
Reason for Increase Study Load		
Evidence/ Documentations Provided (Please select what type of evidence you have used to support your request)	□ An overview study plan, e.g. study skill strategies that detail how you will handle the increased study workload and successfully complete all the subjects you are undertaking. □ Previous Semester Statement of Results. □ Other (s):	

HEFOR33 Request to Increase Study Load V1.0

TEQSA Provider No.: PRV14066

Effective: September 2024

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PART E – STUDENT DECLARATION			
\Box I declare that the information provided by me is accurate and complete. By signing this form, I declare that I understand the conditions stated on this form.			
☐ I understand that applying to overload is not considered acceptable grounds to apply for Special			
Consideration in exams or assessment extensions.			
☐ I acknowledge the request to increase study load impacts on my COE where it is my responsibility to ensure			
my COE and visa details are updated and correct.			
Student Name:			
Student Signature:			
Date:			

OFFICE LISE ONLY

011102 002 01121			
STEP 1 – RECEIVING FORM			
This section is to be completed	☐ All required sections completed		
by SCEI-HE staff who is receiving	☐ Student signature		
the application from the student	☐ Supporting documents provided		
Staff Name:			
Staff Signature:			
Date:			
S	TEP 2 – ASSESSMENT OF APPLICATION		
This section is to be completed by the Course	☐ Application Approved		
Coordinator/Academic Director	☐ Application Rejected		
and/or delegate who is assessing	Reason (s):		
the application			
Staff Name:			
Staff Signature:			
Date:			
STEP 3 -	- ADMINISTRATION AND STUDENT SUPPORT		
This section is to be completed	☐ Student notified in writing		
by the Administration Officer	☐ Student Management System updated		
and/ordelegate who is assessing	☐ Notified outcome email, signed form and relevant documents uploaded		
the application.	into Student ManagementSystem		
	☐ COE Updated		
Staff Name:			
Staff Signature:			
Date:			

HEFOR33 Request to Increase Study Load

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ABN: 79 605 294 997