



European Accredited Psychotherapy
Training Institute (EAP); (EAGT)
Higher Education Institution (NCFHE)

GESTALT PSYCHOTHERAPY TRAINING INSTITUTE MALTA

GPTIM

EAPTI-GPTIM FORM FOR EXTENDING THE COURSE DURATION

Prior to completing this form, please confirm the following:

I have read the EAPTI-GPTIM guidelines on the extending the course duration.	Yes/No
I have informed myself whether the potential approval of an extension of the course duration is a valid reason for the renewal of my student visa (for overseas students only).	Yes/No

PART A - PERSONAL DETAILS (please complete in block capitals)

Student No.	
Title:	Mr/Mrs/Miss/Ms/Other (please specify)
Forenames:	
Surname:	
ID Number:	

Address <i>[all correspondence relating to this request will be sent to this address]:</i>	Tel:
	Mobile:
Postcode:	Email <i>[all correspondence relating to this request will be sent to this email]:</i>

PART B - INFORMATION ABOUT STUDIES (at which you are enrolled)

Title of Programme:	
Year of studies:	

PART C - REASONS FOR EXTENSION FOR DURATION OF COURSE

Please specify the major reason for extension of course duration (check the box):

- Medical problem or condition (medical evidence must be supplied)
 Personal or family problem/situation

Other, please specify: _____

Have you previously had a period of extending your current course?	Yes/No
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Please provide details of your reasons for extension of the course duration

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I have attached the following documentary evidence (circle one or more):

- 1) Medical evidence. Please, specify: _____
- 2) Statement in support of the extension signed by Programme Director, Supervisor or Mentor.
- 3) Short plan for fulfilling the remaining requests of the course in proposed extension time.
- 4) Other, please specify: _____

PART D - PERIOD OF EXTENSION FOR DURATION OF COURSE

Please provide the dates for the proposed extension of the course duration

From:		To:	
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Signed: _____ Date: _____
(Applicant)

Signed: _____ Date: _____
(Programme Director, Supervisor or Mentor)

Please submit two copies of this form together with supporting evidence to EAPTI-GPTIM

A written report will be provided to the student/applicant detailing what recognition and accreditation has been granted.

For official use only

Date received: _____ Signature: _____

PART E - APPROVAL (To be completed by respective EAPTI-GPTIM body)

Name of the student/applicant:

Student No.:

Approved by Students' issues committee
Approved by Complaints and Appeals Committee
(only in the case of student's appeal on the decision of Students' issues committee)

Dates for a proposed extension of the duration of the course

From:

To:

Conditions of extension for duration of course:

Not approved by Student's issues committee
Not approved by Complaints and Appeals Committee
(only in the case of student's appeal on the decision of Students' issues committee)

Dates for the extension of the course duration

From:

To:

Rationale for rejecting the request for extending the course duration:

Date: _____

Signature: _____

(Students' issues committee representative)

Date: _____

Signature: _____

(Director of EAPTI-GPTIM)

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