

COURSE EXTENSION APPLICATION FORM

This form must be submitted with the appropriate supporting documentation to the RTO Manager.

Please note, as per the Course Outline, the RTO Manager is the ONLY person who can grant extensions. There is a minimum turn-around time of twenty-four (24) hours for processing of extension applications.

Student Name:				
Student Number:				
Course Code:				
Course Name:				
Current End Date:			Proposed New End Date:	
Grounds for extension (please tick one):	☐ Medical (medical documentation must be attached to this application)			
	☐ Work (letter from employer)			
	$\hfill\Box$ Other Grounds (supporting documentation and/ or a Statutory Declaration must be attached to this application).			
By submitting this application, you declare that ALL the information provided is TRUE and CORRECT.				
Student Signature:			Date of application:	
FOR OFFICE USE ONLY:				
Details/Comments:				
Approval:	☐ Approved	☐ Not Appro	oved	
Reason for Decision:				
Manager Name:				
Signature:				
Date of decision:				