

REQUEST FOR ASSESSMENT EXTENSION

TO BE SUBMITTED TO YOUR TRAINER

Extension requests should be made at least three (3) days in advance of the assessment date.

DATE OF EXTENSION REQUEST

Student Name			
Unit Code		Unit Name	
Trainer Name			
Due Date		Requested Length of Extension (days)	

REASON FOR REQUEST

If insufficient space, please attach separate sheet.

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For extensions beyond seven (7) working days, please attach documentary evidence in the form of a medical certificate, letter from employer, statutory declaration etc.

STATEMENT BY STUDENT

I hereby apply for an assessment extension in the above named unit(s) as I am not able to complete the assessment requirements due to circumstances outside of my control. The grounds for my claim are set out on this form (or attached) and all supporting certificates and documentation are attached.

Student Signature	Date

YOU WILL BE INFORMED OF THE DECISION IN ONE (1) BUSINESS DAY BY EMAIL OR PHONE.

OFFICE USE ONLY

Decision	<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted Reason for not granting application for extension (if applicable):		
Trainer Name		Date	

Training Manager Name	Training Manager Signature	Date Signed

THIS ASSESSMENT IS NOW DUE ON

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OFFICE USE ONLY

Student contacted on (date)	
Student contacted By	