

ASSESSMENT EXTENSION REQUEST FORM

Student Name:	
Program Name:	
Unit Code: <i>(Only 1 extension granted per unit)</i>	
Original Assessment Due Date:	
Proposed Due Date:	

Extenuating Circumstances Extension Requested: (please select one only)

- | | | |
|--|--------------------------------------|------------------------------|
| <input type="checkbox"/> Personal Illness | Medical Certificate Supplied: | Yes <input type="checkbox"/> |
| <input type="checkbox"/> Compassionate leave | | |
| <input type="checkbox"/> Carers leave | | |
| <input type="checkbox"/> Personal circumstances – This must be discussed with your trainer | | |

I understand that this extension request is only applicable for this unit and that all other units will remain with the same due date as per the training plan. I understand that by submitting this request, no further extensions shall be granted for this unit.

Student Signature:	Date:

OFFICE USE ONLY

Extension Request Received:	Date:

