

ASSESSMENT EXTENSION REQUEST FORM

Student's Name:	
Program Name:	
Name of Assessment / Unit Code:	

Reason Extension Requested:

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Student Signature:	Date:
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TO BE COMPLETED BY TRAINER / ASSESSOR

Extension Granted: Yes No

Extension Granted Until:

DAY	MONTH	YEAR

Trainer/Assessor Name:	
Trainer/Assessor Signature:	
Workplace Supervisor has been notified (if applicable) <input type="checkbox"/>	Date:
Trainer Notes (if required):	