

ASSESSMENT EXTENSION REQUEST FORM

Student Name:	
Program Name:	
Assessment Task Number / Unit Code:	

Reason Extension Requested:

.....

.....

.....

.....

Student Signature:	
---------------------------	--

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):	