

# ASSESSMENT EXTENSION REQUEST FORM

<b>Student Name:</b>	
<b>Program Name:</b>	
<b>Unit Code:</b>	

**Reason Extension Requested and number of business days you are requesting - (Max of 5 business days)**

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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.

<b>Student Signature:</b>	<b>Date:</b>
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**TO BE COMPLETED BY TRAINER / ASSESSOR**

**Extension Granted:**                      Yes     No

**Extension Granted Until:**

DAY	MONTH	YEAR

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