**Extension Request Form**

**Student Details**

 First Name: Last Name:

 Address:

 Phone: Mobile:

 Email: Date of Request:

**Qualification you are requesting extension from:**

* Certificate IV in Marketing and Communication
* Diploma of Marketing and Communication
* Advance Diploma of Marketing and Communication
* Diploma of Project Management
* Advance Diploma of Program Management
* General English

**Reason for Extension:**

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Your intended extension period :

Your Intended completion date:

Supporting Documentation Attached: Yes No

**Please complete and hand extension request form to the reception.**

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|  **Office Use** |
|  Extension Application Approved: Yes No  **Extension Details**  Extended terms :   Final completion date:  **Student informed** Student informed of outcome: Yes NoStudent informed of due fees: Yes NoStudent informed of revised Study Timetable: Yes NoDate student informed: / / \_ Method: Staff Signature Date: Manager Signature Date:  |