**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 No  Student informed of due fees: Yes No  Student informed of revised Study Timetable: Yes No  Date student informed: / / \_ Method:  Staff Signature Date:  Manager Signature Date: |