



Extension/Deferment Application Form

Student Name: _____

Course: _____

All students have the right to apply for an extension or deferment to their course if they are within three months of the designated conclusion of their study, and have not managed to complete the set course requirements. All reasonable situations regarding a failure to complete the requisite course requirements, or access to course extensions, will be considered at the RTO Manager's discretion.

** Applications submitted without additional paperwork outlining extenuating circumstances will **may** be denied**

Extenuating circumstances may include:

- **Medical Reasons** – where a medical condition has prevented you from completing an assessment by the due date or has held you back from completing the course.
 - **Supporting documentation required:** A statement from a doctor including the date your medical condition first prevented you from participation in study and the date the doctor considers you will be well enough to resume studies.
- **Family/Personal Reasons** – due to unforeseen personal/family reasons that are beyond your control, you are unable to complete an assessment by the due date or are impeded from completing the course.
 - **Supporting documentation required:** a Statutory Declaration outlining the situation/circumstances.
- **Employment Related Reasons** – where your employment arrangements change unexpectedly due to circumstances beyond your control preventing you from completing an assessment by the due date.
 - **Supporting documentation required:** a statement from your employer indicating your previous work hours and location; your current work hours and location; and the date the employment circumstances changed and the reason why.
- **Disability Reasons** – A disability that is temporary, permanent or fluctuating may prevent you from submitting assessment tasks by due dates and have an impact on the time required to complete the course.
 - **Supporting documentation required:** A statement from a doctor/counsellor including the date your condition first prevented you from participation in study and the date the doctor/counsellor considers you will be well enough to resume studies.

I am seeking: An extension Time frame: _____ months

Students who are granted an extension of their course may be subject to additional fees. These fees are **\$50.00** per month of extension applied for, with a maximum of three (3) months extension.

I am seeking: A deferment Recommencement date: _____

A student wishing to apply for a deferment must complete the deferment application form and submit to the College for approval. A deferment fee of **\$150.00** applies.



Education and Training

Extension/Deferment Application Form

Student Name: _____ Date: _____

Reason for application: _____

I hereby acknowledge that the above statement is true and accurate to the best of my knowledge:

Name: _____ Signature: _____ Date: _____

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| Reason | Evidence provided <i>(please attach to this application form)</i> |
|--------|--|
| | <input type="checkbox"/> Medical Certificate supplied <input type="checkbox"/> Letter from employer <input type="checkbox"/> Statutory Declaration |

| OFFICE USE ONLY | | |
|---------------------------------|------------------------------|-----------------------------|
| Date received: | Signature: | |
| Action to be taken | | |
| Supply supporting documentation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| APPROVED | Yes <input type="checkbox"/> | No <input type="checkbox"/> |