



# COURSE EXTENSION APPLICATION FORM

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

COURSE ENROLLED IN: \_\_\_\_\_

❖ **What is an 'extension'?**

Extension refers to extending your allocated course duration.

❖ **How long can I extend for?**

The maximum duration for an extension is 3 months. Should more time be needed, this can be considered after the 3 months.

❖ **What is the cost for an extension?**

Extensions are \$50 per month or \$150 in total. You have the option to pay in monthly installments if needed. This payment **can not** be added to an existing payment plan.

**Extensions will only be approved once payment is processed.**

*All students have the right to apply for an extension to their course. The extension only applies to the course you are currently enrolled in. All reasonable situations regarding a failure to complete the necessary course requirements, or access to course extensions, will be considered at the RTO Manager's discretion.*

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

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**Extenuating Circumstances may include:**

- ❖ Medical Reasons
- ❖ Family/Personal Reasons
- ❖ Employment Reasons
- ❖ Disability Reasons

If any of these reasons have prevented you from completing your studies within the given timeframe, please provide supporting documentation. Examples of supporting documents could be;

- Doctor's Letter/Medical Certificate
- Statutory Declaration
- Letter from employer

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**Reason for Application**

Please provide a brief outline of your reasoning behind applying for a course extension;

I am applying for;

- 1 Month
- 2 Months
- 3 Months

Once you have completed and returned your application to [admin@fitcollege.edu.au](mailto:admin@fitcollege.edu.au), please call Head Office on 1300 887 017 to process payment.

I have supplied supporting documents with my application: \_\_\_\_\_ Initial

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

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FIT COLLEGE USE ONLY		Signature
Date Received		
Payment Received		
Evidence Supplied		
<b>APPROVED</b>		

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