**Important: Students, please complete all shaded sections of this form so that your Extension Request can be considered**

 ***(Student to complete)***

|  |  |
| --- | --- |
| **Student Name:** |  |

**Unit for which extension is requested**

*(****Student to complete)***

|  |  |
| --- | --- |
| **Qualification:** |  |
| **Group Name:**  |  |
| **Unit Code/Name:** |  |
| **Original Due Date:** |  |
| **New date Request:****(Max- 1 week)** |  |

**Reason for Extension Request *(please tick)***

 ***(Student to complete)***

|  |  |
| --- | --- |
| **Personal** |  |
| **Medical** |  |
| **Evidence attached to support reason for extension request:** |  |
| **Student Signed:** |  |
| **Date:** |  |

***(Trainer/Assessor to complete)***

|  |  |
| --- | --- |
| **Extension Granted:** | **YES / NO** |
| **New due date:**  |  |
| **Signed:** |  | **Date:** |  |

|  |
| --- |
| **Notes / Comments *(if any):*** |