

ASSESSMENT EXTENSION REQUEST FORM

Student Name:		
Program Name:		
Unit Code:		
(Only 1 extension granted per unit)		
Original Assessment Due Date:		
Proposed Due Date:		
enuating Circumstances Extension Rec	quested: (please select one only)	
Personal Illness	Medical Certificate Supplied:	Yes 🗆
Compassionate leave	••	
	must be discussed with your trainer	
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Personal circumstances – This understand that this extension request with the same due date as per the training	must be discussed with your trainer is only applicable for this unit and that all ong plan. I understand that by submitting thi	
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TO BE COMPLETED BY TRAINER / ASSESSOR Yes \square No **Extension Granted: Extension Granted Until:** DAY MONTH YEAR **Trainer/Assessor Name: Trainer/Assessor Signature:** Workplace Supervisor has been notified (if applicable) YES ☐ Date: Copy emailed /given to Student: YES ☐ Date: **Trainer Notes:**