

# COURSE EXTENSION REQUEST



All courses at ACCCO have a nominated or contracted end date. This form can be used to request an extension to that end date. **Please note that not all extensions are granted.**

Student Name:			
Date of Birth:		USI or ACCCO ID:	
Qualification:			
Current Course End Date:		Requested Extension	<input type="checkbox"/> 3 MONTHS <input type="checkbox"/> 6 MONTHS

Please provide an explanation of why an extension to your course is required

## STUDENT DECLARATION

I understand that this form does not automatically guarantee an extension will be granted.

I agree to make adequate progress during the extension timeframe (if granted) to complete my course.

Student Signature:		Date:	
--------------------	--	-------	--

## TRAINER TO COMPLETE

Trainer Name:		Is this the student's first extension request?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Number Units Completed:		Number Units Commenced:		
Unit Codes of Units yet to be completed:				
Is the student a trainee or Apprentice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is the student receiving funding from the ACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the requested extension enough for the student to complete their course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you agree that this extension request is reasonable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What strategies have been put in place to support the student completing their course on time?				

The student's training schedule is required to be revised for all units not yet completed to align with the requested extension. Please attach the revised training schedule to this application form.

## TRAINER DECLARATION

The information in this form is correct, and the revised training schedule is completed and attached.

Trainer Signature:		Date:	
--------------------	--	-------	--