



Extension Application Form

RTO Code: 31915
 CRICOS Code: 03320D
 T: 1300 827 188

Student Details			
Learner's Name		Student Number	
Course Name		Phone (Mobile)	
Email		Phone (Home)	
Address		USI	

Fee Extension Information

This form is used by students who wish to request for an extension of course duration or tuition payments. The notice requires a minimum of seven (7) working days before consideration.

Fee Extension Reason

From		To	
Extension Type	Course Duration <input type="checkbox"/>	Tuition Payment <input type="checkbox"/>	
Reason			

I declare that the information on this form best describes my situation and circumstances.

Student Signature		Date	____/____/____
Student Name			
Staff Signature		Date	____/____/____
Staff Name			