***Please use this form to apply for a waiver of the standard extension fees.***

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| **STUDENT DETAILS** |
| **Request Date** |  |
| **Enrolment Start Date** |  |
| **Student Name** |  |
| **Course Name** |  |
| **Student Contact Number** |  |
| **Student Email** |  |
| **Extension End Date Requested** |  |
| **Number of Months Requested** |  |
| **Extension Reason** |  |
| **DOCUMENTS / EVIDENCE PROVIDED**  |
|  |
| **STUDENT CHECKLIST**  |
| [ ]  I have documents supporting my claim for extenuating circumstances and have attached scans or copies of the original documents.[ ]  If claiming for a medical condition I have attached a medical certificate. |

I hereby declare this claim to be true and correct.

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|  |  |  |

***Signature Date***

***Please email the completed form and any attachments to*** ***studentadmin@transformed.com.au***