

Application for Assessment Extension

Please complete all sections of this form to request an extension for your assessment.

Extensions are granted **only under exceptional circumstances** and are subject to approval by the Education Manager. For further information, please refer to the *learner Handbook* available on our website:

www.fpwnt.com.au.

Once completed, please attach all relevant supporting documentation and submit the form electronically to: admin@fpwnt.com.au.

Contact Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms / Miss <input type="checkbox"/> Other
Full Name	
Email Address	
Residential Address	
Student Number (if applicable)	
Contact Number	

Course Information

Please provide your contact information. The RTO will use these details to communicate with you regarding this request

Course Title:	
Course Date & Location	
Type of Assessment	<input type="checkbox"/> Clinal <input type="checkbox"/> Theory
Original Assessment Due Date	
Requested Extension Date	

Reason for Extension Request

Please provide a detailed explanation of the exceptional circumstances that require an extension. Supporting documentation may be requested by the RTO.

RTO Office Use Only	
Date Received:	
Extension Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO
Revised Assessment Due Date	
Approved By (Name & Position):	
Reason for non-approval (if applicable):	