

Extensions beyond a 2 week period will only be granted on receipt and consideration of this completed **Assessment Extension Request Form**. An extension will only be granted to support students who experience circumstances that are:

- serious
- short-term or immediate impact
- adverse, and
- unforeseen.

Circumstance must significantly affect your ability to complete an assessment task to the best of your potential. This Form must be completed and submitted to your trainer. Your request will be passed over to and considered by the RTO Manager. A response will be provided within 3 working days.

Students who wish to appeal the decision of the RTO Manager may lodge an appeal, using the **Complaints** and **Appeals Form**.

ASSESSMENT REQUEST							
Student Name	Qualification						
Student ID number	Trainer Name						
Title of Assessment:							
Due Date:							
Suggested Date of Assessment Submission:							
I am seeking an extension due to the following circ	cumstances (attach furthe	er pages if re	equired):				
Supporting Documents. I have attached the following:							
Medical Certificate	YES	r	NO				
Other: (specify)	YES	r	NO				
Student Signature:							
Date Request Submitted:							

Document Name:	ne: Assessment Extension Request Form		First Created Date:	May 2023	
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OFFICE USE ONLY			
Received (date):	Trainer Name:		
Training Manager	I have considered this request and: Approve Not approve Comments:		
Student Notified in writing (date):			

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