

Health Skills Australia Pty Ltd

APPLICATION FOR EXTENSION OF ASSIGNMENT SUBMISSION

Form code: Ex03

Extensions should be requested at least three days prior to the submission date.

This form must be **completed in DUPLICATE (trainer to scan and forward to Training Manager)**

Once an extension is granted:

1st copy of the completed form is to be attached to the assignment.

2nd copy will be retained on the student file

Attention (Trainer's name): _____

Student's Name: _____ Student ID: _____

Unit Name: _____ Unit Code: _____

Title/Description of Assignment: _____

Date Due: _____

I wish to apply for an extension of time until: _____

Reason for extension (Attach documents if applicable):

Student's Signature: _____

Date: _____

Academic Staff Use Only

I have granted an extension of time for the above assignment, which must be submitted to me on or before:

Trainer's Signature: _____

Date: _____