

**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:

1<sup>st</sup> copy of the completed form is to be attached to the assignment.

2<sup>nd</sup> 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: \_\_\_\_\_