

Application for Online Extension



This form is to be completed if you are requesting for an extension to your PACK due date for the online HLT42015 Certificate IV in Massage Therapy course only. This is to be submitted to the head of campus and is subject to approval. *Student must have a verifiable and significant reason condition that precludes them from completing their requirements by deadline.*

Personal Details

"Date of application"			
Name of student			
PACK number			
Phone		Email	

Extension Information

What date do you intend to complete your PACK? <i>You must list a specific date</i>	
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Terms of extension

Please read each term of deferment and tick against them	Please tick
The maximum extension period is one (1) month from the original due date.	<input type="checkbox"/>
The student will liaise with their online Tutor to ensure that they have a plan to meet the extended deadline.	<input type="checkbox"/>
The student has provided a sound reason for requesting the extension.	<input type="checkbox"/>

Extension Reason

Please detail the reason for your extension request

DECLARATION

I declare that to the best of my knowledge, the information supplied on this form is all true and correct.

Signature _____ Date _____

Office use only			
Received by		Date	/ /
Documents sighted and attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Office Use only

Date	Notes
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