



SA-FM-24 Application for COE Extension

This application must be lodged with Student Services prior to the Assessment due date. **Applications without appropriate supporting documentation will not be considered.**

Given Name* _____ Surname* _____

Student ID Number* _____

Email* _____ Contact Number* _____

Will this Application for extension exceed a 12-month period since you attended the course?

YES (please contact Student Services on the number provided below)

NO (continue with Application)

I wish to apply for an extension for COE*: _____

Course Details* _____

Trainer* _____ COE End Date* _____

Reason for application - (tick where applicable and attach documentation) *

Medical (*appropriate medical certificates must accompany this application*) *

Work (supporting statement from employer must be attached) *

Academic Records

Exceptional family/personal circumstances (a suitable email, letter or statement must be attached stating the disability or exceptional circumstances which prevented or will prevent the participant from completing the assessment item) *

Signature:

Date:

Office Use Only:

Date Received	Trainer's Decision & Initials	Date Participant Advised	Amount of Extension Time Granted