

Extension Approval Request Form

This form is for submitting a request for extension to a formal assessment in your course.

You must fill in all required information for your application to be processed.

We understand the private nature of the information that may need to be disclosed by a student in requesting an extension, and we respect the privacy of that information.

Completed forms must be sent to: enquire@medilearn.com.au

Please note: **Verbal extensions are not acceptable; extensions must be requested using this form with the outcome confirmed in writing.**

1. Student Details

Date:	
Student Name:	
Email Address:	
Telephone:	
Course Enrolled:	
Reason for extension:	
Organisation Name:	
Organisation Contact:	

2. Declaration

- I have read and understood MediLearn's Assessment and Extension Policy and Procedure regarding assessments.
- I have attached evidence to support my extension **OR**
- Supporting evidence will be provided within 24 hours.

Signature of Student: _____ Date: _____

Signature of Team Leader or Education Coordinator: (if applicable)

_____ Date: _____

For office use only

<input type="checkbox"/> Student Portal update	<input type="checkbox"/> Evidence provided.	<input type="checkbox"/> Form saved in student file.
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