

Date:
Day Month Year

Extension of Study Duration Application Form

This form is to be used by currently enrolled students seeking to extend the study duration of their RED MAKO LEARNING PTY LTD courses. Completion of this form DOES NOT guarantee extension will be granted by RED MAKO LEARNING PTY LTD.

Awarding an extension

- Students will be notified in writing of the outcome of the application for an extension within 7 working days of receipt of payment and the formal application for an extension and all required information being received by RED MAKO LEARNING PTY LTD
- Only one extension is available per course. Once an extension has been applied for and a decision made, no further extensions are available on that course.
- Once granted, the extension time period will commence from the scheduled end date of the course
- Fees will be charged per the [EXTENSION OF STUDY DURATION POLICY](#) and [FEES and CHARGES POLICY](#).
- Please note extension application must be made at least 2 weeks prior to the scheduled course end date.
- In the event that an application for an extension is unsuccessful the fee will be refunded minus a \$77 administration fee.

STUDENT DETAILS:

| | | | |
|--------------|--|------|--|
| Student ID | | | |
| Student Name | | | |
| Email | | Date | |
| Course | | | |
| Phone number | | | |
| Address | | | |

REQUEST FOR STUDY EXTENSION

| | | | | |
|---|-------------------------|-------------------------|--------------------------|-----------------------------------|
| Reason for Extension | | | | |
| Original Completion Date | | | | |
| Requested Period of Extension | An extension of 4 weeks | An extension of 8 weeks | An extension of 12 weeks | Extensions of more than 12 weeks* |
| | \$200 | \$300 | \$550 | TBC |
| New Completion Date | | | | |
| Plan to Complete remaining units within extended Course Duration Period | | | | |

*Extensions of greater than 12 weeks will be assessed by the RED MAKO LEARNING PTY LTD Training Manger and awarded at their discretion, with any additional fees to be assigned fairly based on the extension period required.

OFFICE USE:

| | | |
|---|---|---------------|
| Staff member name | | |
| Date of application and fee receipt | | |
| Study Duration Extension Fee has been Collected | Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: | |
| Is Course Extension approved? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Comments | | |
| AUTHORISED BY: | TRAINING MANAGER | SALES MANAGER |
| Name | | |
| Signature | | |