



REQUEST FOR EXTENSION FORM

To be filled out by the Participant and submitted to the Administration Department

Participant Name:		Participant ID Number:	
Address:			
Telephone/ mobile:		Email:	
Course:			
Extension request is for:			
1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/>			
Describe why you are asking for an extension of time for your course :			
Evidence to support your application (medical certificate and letters or other information)			
Course Extension Policy : Important Information <ul style="list-style-type: none">• You must submit your request for an extension before the course expiry date.• You must be up to date with course fees at the time of the extension request.• If your request is successful you will be required to pay a course extension fee.• A maximum of four months is allowed and HIFE reserves the right to refuse an application for extension.• You must stay in touch by email or phone and re-commence the course at the end of the extension. If you do not re-commence it is deemed a cancellation of the course according to the terms and conditions.			
Declaration <p>I have read and accept the course extension conditions and declare that the information I have provided is correct and complete.</p> <p>I understand that any course extension must comply with the terms and conditions.</p>			
Participant Signature:		Date:	

I would like to pay the course extension fee by ☐ Cheque ☐ Money Order ☐ Visa ☐ MasterCard

Card Number Expiry /

Cardholder Name: (please print) Amount \$

Cardholder Signature _____

For Office Use Only

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Name correct	ID correct	Date received	
Course Expiry Date	Fee status	Decision	APPROVED / NOT APPROVED
Database updated	New course expiry date		
Notes		Initials	