

**Extension of Time application form**

Course code (if applicable).....

Course name in which you are enrolled .....

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Qantas Staff ID: \_\_\_\_\_ Participant No: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_ Mobile \_\_\_\_\_

Email address: \_\_\_\_\_

State the cause or reason why you require a further extension of time to complete your training and/or assessment tasks.

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Details of qualification, competencies, modules or tasks for which you require an extension

Code (if applicable)	Title

**Completion date**

State the date to which you request an extension of time Date .....

Applicant's signature ..... Date .....

Approver name: ..... Approver signature: .....

APPROVED  NOT APPROVED  DATE .....

*Tick to confirm* *Tick to confirm*

Assessor signature ..... Date .....

Approver Signature (Qantas College) ..... Date .....