

Request for Course Duration Extension

For Domestic students

Students are expected to complete the course within the course duration. Only on compassionate or compelling circumstances, will the extension of the course duration be granted. Students with Skills First Government Funding must maintain satisfactory attendance in accordance with the Skills First VET Funding Contract.

The form must be submitted to Baxter Institute 2 weeks prior to the proposed course end date. Any requests to extend the course duration that is made after the course end date has passed will be refused.

STUDENT DETAILS

Student ID Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Family Name:	<input type="text"/>	Given Name:	<input type="text"/>

COURSE DETAILS

Course Code:	<input type="text"/>	Course Name:	<input type="text"/>
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REASON FOR THE EXTENSION OF COURSE DURATION

Please tick appropriate box(es)

- Compassionate or compelling circumstances beyond the control of the student* (*evidence must be provided*)
- Implementation of an intervention strategy due to not making satisfactory course progress
- Deferment of study approved/ Leave has been granted

Please explain the reason(s) why you are making this request:

DETAILS OF EXTENSION OF STUDY

Course start date:	<input type="text"/>	Number of remaining units:	<input type="text"/>
Scheduled end date:	<input type="text"/>		

STUDENT DECLARATION

I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application. *I also understand that I need to provide documental evidence supporting my application to extend the duration of the course .

Student Signature: Date:

If approved, the Institute will report the changes to your existing enrolment to the Victoria State Department of Education and Training via SVTS.

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute
 Ph: (03) 9650 0367 Fax: (03) 9654 1049
 470 Bourke Street, Melbourne VIC 3000 Australia
 ABN 51 006 374 241 CRICOS Provider No: 02233M RTO: 7030
 Email: info@baxter.vic.edu.au Website: www.baxter.vic.edu.au

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FOR OFFICE USE ONLY

Date of Submission: Submitted to: Signature:

Finance Check: Approved: Yes No

Finance Officer's name: Signature:

Progress Check: Approved: Yes No

Student Support Officer's name: Signature:

Approval

Head Trainer approval Yes No

Head Trainer name: Signature: Date:

Management approval Yes No

Approving Officer's name: Position:

Approving Officer's signature: Date:

Comments (*if any*):

Student Notification:

Revised end date:

Please tick:

Revised Training Plan provided to student

Update VETtrak

Trainer Notification:

Head Trainer/Trainer notified : Yes No Date:

Student Support Officer's name: Signature:

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