



REQUEST FOR EXTENSION OF ENROLMENT

PERSONAL DETAILS

Surname: _____ Given Name: _____

Contact Number: _____ Email: _____

COURSE DETAILS

Course Title & Name: _____

REASON FOR REQUEST

STUDENT DECLARATION

I confirm that I have read and understand the information in the current version of the Student Handbook regarding extension of enrolment.

Student Signature: _____ Date: _____

HOW TO LODGE THIS FORM:

Please complete this form and email paramedical@industrypathways.com.au together with supporting documentation (if applicable).

OFFICE USE ONLY

Duration of Extension Approved : _____ Date Approved: _____

Approved By: _____ Approval Signature: _____

Additional Notes: _____
