

Course Extension Request

Please complete the following form and return to admin@contourcollege.com.au to formally extend your course

Learner details:

First name: _____ Surname: _____

DOB: _____ Contact PH: _____ Student ID: _____

Address: _____

Email: _____

Course details:

Course name: _____

Course start date: _____ Course completion due date: _____

I would like to request an extension to complete my course, due to the following reasons:

Learner Signature: _____ Date: _____

Office Use Only

Date received: _____

Extension approved by: _____

Signature: _____

New Completion Date: _____

Declined – Reason: _____
