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 ☐ 2 months ☐ 3 months ☐ 4 months ☐

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

- 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

I have read and accept the course extension conditions and declare that the information I have provided is correct and complete.

I understand that any course extension must comply with the terms and conditions.

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

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