

Course Extension Request Form

This form is to be completed in the event of a request for extension of a course duration.

Once complete, please email to admin@rets.com.au along with any supporting documentation or evidence (where applicable).

Student Details

Full name:

Address:

Phone:

Email:

Details of Extension Request

Course enrolled in

- Certificate IV
- Certificate III
- Certificate of Registration
- Cluster of units
- CPD

Current Expiration Date

Proposed Expiration Date

Proposed Extension Period

- 1 month (\$110 including GST)
- 2 months (\$220 including GST)
- 3 months (\$330 including GST)
- 4 months (\$440 including GST)
- 5 months (\$550 including GST)
- 6 months (\$660 including GST)

| | |
|-------------------------------------|--|
| Reason for Extension Request | |
| Student Declaration | |
| Name: | |
| Signature: | |
| Date: | |

| | |
|---|--|
| OFFICE USE ONLY | |
| Date student commenced: | |
| Original expiration date: | |
| Outcome of extension request | <input type="checkbox"/> Approved <input type="checkbox"/> Declined |
| New expiration date (if approved): | |
| Authorised by: | |
| Position: | |
| Signature: | |
| Date: | |
| Comments/follow up: | |
| ACCOUNTS USE ONLY (if approved) | |
| Amount invoiced: | |
| Date of invoice: | |
| Payment received: | |
| Name: | |
| Signature: | |
| Date: | |