



## COURSE EXTENSION FORM

SECTION A: STUDENT DETAILS	
Surname:	
Given Names:	
Date of Birth :	
SECTION B: CURRENT COURSE DETAILS	
Course Name:	
Course Start Date:	
Course Finish Date:	
SECTION C: EXTENSION REQUEST DETAILS	
Extension Period (\$30 per month):	
Payment Method:	<input type="checkbox"/> Bank Transfer - <input type="checkbox"/> BSB# 032 272 / Acc# 162 368 <span style="margin-left: 100px;"><input type="checkbox"/> Credit Card -</span>
Amount: \$ _____	Card Number: _____ Expiry Date: _____ <i>** Important Note: Please put your Full Name and Type of Payment on bank transfer description and send your transfer receipt to <a href="mailto:accounts@nswfdc.org.au">accounts@nswfdc.org.au</a></i>
Reason for Extension:	
Terms and Conditions: <input type="checkbox"/> I hereby confirm that I will complete my remaining units and submit assessment required within the stated period; <input type="checkbox"/> I understand that re-enrolment and full course fees will be required to continue my studies if I do not complete within the stated period; <input type="checkbox"/> I am aware that it is my responsibility to maintain contact with PEAK Training should I have concerns or questions regarding my enrolment or participation in the course.	
Signature: _____	Date: _____
OFFICE USE ONLY:	
<input type="checkbox"/> Approved <span style="margin-left: 100px;"><input type="checkbox"/> Not Approved</span>	
New Finish Date:	
RTO Manager:	Date Signed:
<b>Accounts</b>	
Checked by:	Approved by:
<b>PEAK Training</b>	
Comments:	
Processed by:	Date Processed: