**REQUEST FOR EXTENSION / DEFERRAL / WITHDRAWAL**

This form is to be completed by students who wish to apply for Extension, Deferral or Withdrawal from their course at Enable College. If a refund is required a Request for Refund will be completed by the Coordinator of Training and delivery on the finalisation of this application and the student will be notified via email.

If the course has already commenced, after completing Section A students must liaise with Coordinator training and delivery to have Section B completed. Once Sections A and B are completed, please return the form, together with your supporting documents, to Enable College administration ([admin@enablecollege.edu.au](mailto:admin@enablecollege.edu.au))

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| --- | --- |
| Section A: Personal Details | |
| Full Name: | |
| Enable Student number |  |
| Unique student identifier |  |
| Address |  |
| Suburb |  |
| email |  |
| Telephone |  |
| Course Name |  |
| Course start date |  |
| Last Date attended class |  |

Is this course packaged with any other Enable College course: Yes No

If Yes, Course Name:

Extension Deferral Withdrawal

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| Reason for Extension, Deferral or Withdrawal (please attach any supporting documents) | |
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|  | |
| Student Signature: | Date: |

**Office use only**

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| --- | --- | --- | --- |
| Program details | | | |
| Unit/Competency/Other | Result Outcome | Unit/Competency/Other | Result Outcome |
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| Section B: Program Area Use Only | | |
| program areas comments / recommendations | | |
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| Recommended Recommencement Date after Deferral: | | |
| Name: | Position: | Date: |