

1. PERSONAL DETAILS

Student Number:

Title: Mr Mrs Ms Miss Other

Surname

Given Names

Gender

Female Male LGBTIQ Unspecified

Date of Birth

Telephone

Mobile

Work

Residential Address

Postcode

Email address

Current course

Course Code:

Year last enrolled

Course Title

2. ASSESSMENT EXTENSION REQUEST

ICAN Learn Trainer

Please list units relevant to this Assessment Extension Request

Unit Code

Unit Title

Unit Code

Unit Title

Assessment Title

Assessment Number

Original due date of Assessment

Date for Assessment to be extended to:

Reason for request [please tick] Medical Personal Work Other

Have you previously been granted an Assessment Extension Request in this course? Yes No

If yes, please advise:

From

To

Unit Code

Unit Title

Assessment Title

Assessment Number

Unit Code

Unit Title

Assessment Title

Assessment Number

3. DECLARATION

I understand that, if approved for an Assessment Extension, I must submit the assessment by the nominated date:
I understand that it is my responsibility to ensure that all assessments are submitted by due dates.

Student signature: _____ Date: _____

Note: Please refer to ICAN Learn Assessment Extension Policy

4. RETURN ADDRESS FOR FORM

Please return completed form to:

Email: enrolments@icanlearn.edu.au

Postal:
Enrolments
PO Box 1108
North Cairns Qld 4870

FAX:
Enrolments
07 4031 5883

OFFICE USE ONLY

Student Name	Student No	
ICAN Learn Trainer		
Dates of Assessment Extension Request	Original Due Date	Proposed Due Date
Approved <input type="checkbox"/> Not approved <input type="checkbox"/>		
Comments:		
SIGNATURES		
ICAN Learn Trainer	Signed	Date
Business and Sector Development Manager/ ICAN Learn	Bernadette Pasco	
Signed	Date	
ICAN Learn Administration - Data entry student records		
Special Consideration application entered SMS	<input type="checkbox"/> Initials	Date
Special Consideration application filed on Student File	<input type="checkbox"/> Initials	Date
Student File doc No		