



Extension of Studies Request Form

Complete and sign this Form and forward to the Student Support Team at Job Training Institute

City Campus: Level 4, 259 Collins Street Melbourne VIC 3000

Dandenong Campus: Suite 6, 106 Foster Street, VIC 3175

Date of the Application:

Student Full Name:

Student ID:		Phone Number:	
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Email Address:

Course Code & Name:

Trainer Name:

Current Course End Date:

Requested Course Extension (in weeks):

Reason for Extension Request

Medical or personal reasons (attach supporting evidence)
 Employment commitments
 Placement delay (by RTO or host employer)
 Other (please specify): _____

Provide brief explanation:

Supporting Documents Attached: Yes No

Student Declaration

I declare that the information provided is true and correct.

I understand that:

- This request is **subject to RTO approval** and **Skills First Program** eligibility conditions.
- Extensions beyond the **maximum nominal duration** allowed under the **Skills First VET Funding Contract** may not be approved.
- I must continue to provide **evidence of participation (EOP)** during the extension period to maintain my funded status.
- My new completion date will be updated in **Vettrak** and reported to **SVTS** accordingly.

Student Signature:

Date:



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For Office Use Only

Extension Request Approved by Trainer / Coordinator?

Yes
 No, Comments If Applicable:

Trainer's Name:

Trainer's Signature:

Date:

Extension Request Approved by QA Department?

Yes
 No, Comments If Applicable:

New End Date Approved: ____ / ____ / ____

Evidence of Participation Verified: Yes No

SVTS / Vettrak Updated: Yes No

Comments, If Applicable:

QA Officer Name:

Signature:

Date:

Record Retention

All extension records and supporting evidence will be retained for a minimum of 7 years in accordance with the Skills First VET Funding Contract and the Standards for RTOs 2015.