TRAINING MASTERS PTY. LTD.
RTO Code: 41479 | CRICOS Provider Code: 03510J | ABN: 72 611 635 128
Level 3, 84–86 Mary Street, Surry Hills NSW 2010, Australia
T: (02) 8278 7722 **E:** admissions@tm.nsw.edu.au **W:** www.tm.nsw.edu.au

APPLICATION FOR EXTENSION ENROLMENT

(Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.)

Student Name			
Student ID		**Date of Birth**	
Phone No		**Email**	
Current Address:			

STUDENT EXTENSION REQUEST:

I wish to apply for extension my studies in my course(s) stated below (choose from below list):

- ☐ BSB40820 Certificate IV in Marketing & Communication
- ☐ BSB50620 Diploma of Marketing & Communication
- ☐ BSB60520 Advanced Diploma of Marketing & Communication
- ☐ BSB40420 Certificate IV in Human Resource Management
- ☐ BSB50320 Diploma of Human Resource Management
- ☐ BSB60320 Advanced Diploma of Human Resource Management
- ☐ ICT50220 Diploma of Information Technology
- ☐ ICT60220 Advanced Diploma of Information Technology
- ☐ BSB80120 Graduate Diploma of Management (Learning)
- ☐ RII60520 Advanced Diploma of Civil Construction Design

I wish to extend my studies from (date) _____ for _____ term(s).

Reasons for requested extension:

(Please provide a clear explanation of your reason(s) for requesting an Extension of your course.)

TRAINING MASTERS PTY. LTD.
RTO Code: 41479 | CRICOS Provider Code: 03510J | ABN: 72 611 635 128
Level 3, 84–86 Mary Street, Surry Hills NSW 2010, Australia
T: (02) 8278 7722 **E:** admissions@tm.nsw.edu.au **W:** www.tm.nsw.edu.au

Student Declaration:	☐ I declare that the information I have provided above is true and correct. ☐ I acknowledge that I understand my student rights and obligations.	
Signature:		Date:

Please note: If you are on a student visa and your extension request is approved, government legislation requires Training Masters to inform the Department of Home Affairs (DHA) of the extension.

REVIEW AND DECISION:

Office use only.			
Name of decision maker			
Position / Authority:			
Payment received	☐ YES ☐ NO ☐ NOT APPLICABLE		
Application Status	☐ Approved ☐ Rejected		
New Proposed Course Start Date:			
New Proposed Course End Date:			
Staff Comments:			
Signature:		**Date**	