



EXTENSION APPLICATION FORM

Please Note: Extension applications are provided in accordance with Medical Administration Training Pty Ltd's (MAT) [Fees, Refunds & Cancellation Policy & Procedure](#). This form must be used to apply for an extension. It must be emailed to info@medtrain.com.au. Before your application for an extension will be considered, you must complete all the sections below and attach supporting documents (if required). Payment must be received prior to your approval being granted. Extensions are granted at the discretion of the RTO Manager.

Applications will be reviewed, and student will be advised of the outcome within 7 working days from date of receipt

Surname:		Given Names:	
Student No (If known):		Date of Birth	(DD/MM/YYYY)
Course Name:			

REASON FOR NON-COMPLETION

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EXTENSION DETAILS

Are there any fees remaining on your account? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Short Course Extension	\$50
	<input type="checkbox"/>	Certificate Extension	\$200
I understand that conditions may be imposed on my extension.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Payment Method <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Credit Card By Electronic Funds: BSB: 124 089 Account number: 90628434 Account Name: Medical Administration Training Pty Ltd (please use your full name as reference)			
Visa/MasterCard (please circle) Card Number: _____ Expiry Date: _____ CCV: _____ Name on Card: _____			

Student Declaration

I hereby affirm the information provided within this form to be true and accurate. I have read and understood the Fees, Refunds & Cancellation policy and understand that eligibility for an extension will be assessed based on this policy.

Name:

Signature:

Date:

Office Use Only

Application Approved: Yes No

Date:

Comments:

Actioned By:

Signature: