Course Extension/ Deferral Form

1. Student Details:

USI Number:	Contact Number (Australia):
Family Name:	Given Name(s):
Address:	
E-mail:	

2. Details of the Job Skills Training Academy program you are withdrawing from or seeking a refund for

Course Code and Name:	
Commencement Date:	Potential Completion date:
Requested Extension period: *(in months)*	Amended Completion date:

3. Enrolment Status:

- ☐ Not yet commenced my course
- ☐ Commenced my course (as per date of commencement), I am in week _____

4. Reason for Extension/Deferral:

_____

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5. Supporting Document:

☐ **Attached** *(tick box)*

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6. Acknowledgment:

By signing below, I acknowledge that the information provided is accurate and complete. I understand that my request will be evaluated based on JSTA policies. Should the request be approved, I agree to complete the course by the Amende Completion Date, and I understand another extension request may be disapproved, should I fail to complete the course. Should I fail to complete the course within the approved tenure, JSTA holds the right to withdraw me from the course, without my consent.

Name of Student:	**Signature of Student:**	**Date:**
<u>Approved by</u> (JSTA Officer Name):	**Signature of Officer:**	**Date:**