



Course Extension Request Form

This form is to be completed by students when requesting an extension to the end date of their course. Please complete all fields and email this form to Admissions at admissions@sccm.edu.au Extension requests are processed within 5 business days.

Student Details

Student Name

Student ID

Email

Mobile

Extension Details

Course Code

Course Title

Course End Date

Request Extension Until (Date)

Please explain the reason of requesting an extension

Student Declaration

- ☐ I understand that this form does not automatically guarantee an extension will be granted.
- ☐ I agree to make adequate progress during the extension timeframe (if granted) to complete my course.

Student Name

Date

For Office Use Only

Extension Request By

Request Outcome

☐ Approved

☐ Declined

Fees Paid (If applicable)

☐ Yes

☐ No

Reviewer Signature

Date