



# Nature Care College

## Distance Learning Extension Application

Student's Name: \_\_\_\_\_ Student No: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ Email: \_\_\_\_\_

**Students wishing to apply for an extension for a second term must meet the criteria listed below:**

What circumstances can I apply for an extension?	What evidence do I need?
• Illness or incapacity	• A certificate from a registered practitioner if attended
• Bereavement in the family	• Letter from self
• Hardship / trauma	• Letter from self
• Excessive study workload	• Letter from self
• Extenuating personal circumstances	• Letter from Counsellor, letter from self

**N.B.**

**No Extension can be granted for Herbal Medicine 4 & 5 or Senior First Aid.**

**Only one extension will be granted for each unit of study, applications for further extensions will not be considered.**

**Applicants will be notified in writing of the outcome of their application.**

**Students are advised to submit their application before the end of week 10 of term.**

I wish to apply for an extension for the following units of study:

\_\_\_\_\_ Term of enrolment T\_\_/20\_\_

\_\_\_\_\_ Term of enrolment T\_\_/20\_\_

\_\_\_\_\_ Term of enrolment T\_\_/20\_\_

- **If your application is successful, a \$50.00 Extension fee is applicable, per unit of study.**

**Enclosed:**     Cheque     Money Order     Credit Card

**Debit My:**     Visa     Mastercard

Card Number: \_\_\_\_\_ Expiry date: \_\_/\_\_/\_\_

Amount: \$ \_\_\_\_\_ Cardholder's signature: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_

I have attached the following documentation (please specify):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**CONSENT**

I have read and understood the above criteria. I hereby authorise Nature Care College to contact any persons stated on my supporting documentation should the college deem such necessary action. I certify that the information supplied on the form is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Date: \_\_\_\_\_

(Distance Learning Coordinator)