

### WHAT IS A NON-STANDARD COURSE EXTENSION?

A non-standard course extension is available to any student wishing to apply for a waiver of the standard extension fee of \$135 per month due to extreme hardship, extenuating circumstances, or a debilitating medical condition.

All requests for a non-standard course extension will be responded to within 5 business days from the date of receipt.

### EXTENSION POLICY

Extension requests must be made in writing using the Student Extension Request Form which can be downloaded from the ITS website (<https://www.its.vic.edu.au/student-administration/>), preferable prior to the maximum completion date of the course.

A fee of \$135 per month will be charged for each additional month requested beyond your original course end date. The completed Standard Extension Request form with payment details can be scanned and emailed to [admin@its.edu.au](mailto:admin@its.edu.au) or posted to PO BOX 322, Riddells Creek, Victoria 3431.

### EXTENUATING CIRCUMSTANCES

To be considered for a course extension outside of our standard policy (with a waiver of the \$135 monthly fee) extreme hardship, extenuating circumstances, or a debilitating medical condition **MUST** be proven with supporting documentation that is submitted to our office for review.

Students wishing to apply for a non-standard extension must complete **this form** and provide supporting documentation which may include detailed letters or documents from medical specialists, death certificates, legal documents and documentation that may prove extreme hardship.

All documentation and supporting evidence must be original or certified by a Justice of the Peace, and must be posted to PO BOX 322, Riddells Creek, Victoria 3431 OR emailed to [admin@its.edu.au](mailto:admin@its.edu.au)

Students can request the return of original documents.

Intelligent Training Solutions will make a decision based solely on the supporting documentation provided with your extension request. Based on our review, we may or may not grant a partial or full waiver of the monthly extension fees. Your request will be responded to within 5 business days from the request being received.

### SECTION 1: COMPLETE ALL DETAILS

ITS STUDENT NUMBER			I	T	S	0	0	0			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Other					

Legal Given Name		Middle Name	
Legal Family Name		Date of Birth	___/___/____
Telephone (Home)		Mobile Number	
Address			
Email Address			

Requested on	
Extension Requested Until	

Reason for the Extension:

## SECTION 2: DOCUMENTS AND EVIDENCE

Please Note: Only original or JP Certified document must be attached to this application.

List your attachments here:

- 1.
- 2.
- 3.

### SECTION 3: MEDICAL INFORMATION FORM

(TO BE COMPLETED IF 'MEDICAL CONDITIONS' ARE STATED AS THE REASON FOR THIS APPLICATION)

The purpose of this medical information form is to enable Intelligent Training Solutions to assess if your patient ('the claimant') is eligible for a waiver of the standard course extension fees under the Intelligent Training Solutions extension policy.

Intelligent Training Solutions will only waive extension fees if the claimant can satisfy our review board that she/he is currently suffering from a medical illness or condition that would prevent her/him from completing their studies. For Intelligent Training Solutions to properly assess the claimant's medical position, we require that a Medical Practitioner complete this form in a detailed manner with the authority of the claimant.

Claimant's full name	
Medical practitioner's name	
Medical practitioner's signature	
Name of medical practice	
Contact number of medical practice	
Please state the nature of the injury or diagnosis of the claimant's illness or condition:	
When did the claimant first consult you in connection with this illness or condition?	
How is this illness or condition likely to impact the student's ability to complete their studies?	

For how long is this illness or condition likely to continue?

As far as you know, when did this illness or condition begin? (This may be a different date from when your client first discussed the issue with you)

Are you the claimant's usual medical practitioner?

If so, approximately how long have you been treating the claimant?

### AUTHORITY TO VERIFY

I, the claimant, hereby give the extension manager of Intelligent Training Solutions authority to contact my medical practitioner for verification of my claim should the need arise:

Student name:

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

### SECTION 3: STUDENT CHECKLIST

- I have documents supporting my claim for extenuating circumstances and have attached original or JP certified copies of these documents
- If claiming for a medical condition, I have attached the Medical Practitioners certificate and complete medical information form.

NOTE: Without the above, your extension will not be granted. If you cannot demonstrate extenuating circumstances or a debilitating medical condition then please download the course extensions program document and follow the link to apply for a standard course extension.

LINK: <https://www.its.vic.edu.au/student-administration/>

Student signature ..... Date.....

This form can be emailed to [admin@its.edu.au](mailto:admin@its.edu.au) or posted to:

**Intelligent Training Solutions, PO BOX 322, Riddells Creek, Victoria 3431**

### ADMINISTRATION: OFFICE USE

#### APPLICATION STATUS

A non-standard extension of the claimant's enrolment has been granted.

A non-standard extension of enrolment has not been granted.

**NOTE: DEPARTMENT OR COORDINATOR MUST ADVISE STUDENT IN WRITING**

REASON: \_\_\_\_\_  
\_\_\_\_\_

<b>Course Enrolment Office Use Only for Completion in Student One</b>	<b>Administrator Initial</b>		<b>Date Entered</b>		<b>Date Documents Scanned</b>	
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#### ADMINISTRATION OFFICER SIGNATURE