

Section A – Student Details

AIWT Student ID Number	2	0	1	0				
Full Name								

Section B – Application Details *(Please tick all that apply)*

Application for: <input type="checkbox"/> Assessment Re- sit <input type="checkbox"/> Assessment Re-Submission <input type="checkbox"/> Assessment Extension	Student Type: <input type="checkbox"/> International (Student Visa) <input type="checkbox"/> International (Non-Student Visa Holder) <input type="checkbox"/> Domestic Full Fee Paying <input type="checkbox"/> Domestic Government Funded
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Section C– Course & Unit Details

Course Name:			
Trainer/Assessor Name:			
Unit Code:	Unit Name:		

Assessment Due Date	Assessment Task/ Item	Reason	New Due Date	\$50 fee applies (yes/no)

To be completed by AIWT Staff Representative

- Evidence for Compassionate and Compelling Circumstances attached
- Meeting has been held, documented and copy given to student
- Receipt attached for Re-Assessment Fee Paid
- Due Date (Venue and Trainer) booked

Special Instructions by the Trainer/Assessor

To be completed by Student:

I understand and accept that, as set out in the Conditions of Enrolment which I have signed when I enrolled, I am responsible for the punctual submission of all assessments. I fully understand that a Re-assessment fee may apply as written in the Payment Details section on my Enrolment Form

Student Signature: _____ Date: _____