

Section A –Student Details

AIWT Student ID Number

Full Name:

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

Application for:

- ☐ Assessment Re- sit
☐ Assessment Re-Submission
☐ Assessment Extension

Student Type:

- ☐ International (Student Visa)
☐ International (Non-Student Visa Holder)
☐ Domestic Full Fee Paying
☐ Domestic Government Funded

Section C– Course and 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: _____