

## Online Course Extension Request Form

Please use this form to apply for an extension to an online course. This form must be accompanied by verification documentation, e.g., a medical certificate. Requests must be made prior to your course enrolment end date unless there are exceptional circumstances.

Please email your completed form to [online@boatingeducation.org.nz](mailto:online@boatingeducation.org.nz)

Note: For extension policies and procedures, see the [Coastguard Boating Education Learner Handbook](#).

### Applicant Details *(all fields required)*

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

### Online Course and Extension Details

Online Course Name: *Select one only*

Maritime VHF Operator's Certificate <input type="checkbox"/>	Day Skipper - CBE Certificate <input type="checkbox"/>	Day Skipper - Unit Standard 26542 <input type="checkbox"/>
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Extension:

Length of extension requested: <input type="text"/>	Facilitator name: <input type="text"/> <i>(if known)</i>
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Reason for extension:

### Documents and Signature

Documents provided to support application *(please list and send as attachments with this form)*:

Applicant Signature: .....

### Outcome - OFFICE USE ONLY

Extension:	Approved <input type="checkbox"/>	Declined <input type="checkbox"/>	Date approved/declined: <input type="text"/>
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Name of Coastguard Boating Education's Programme Manager:

Comments: