



Extension Letter

Full Name: _____

Affiliate: _____

Date: _____

Please mark with an X to indicate reason for extension.

	Exam	Practical Assessment	Loggings	Interview				
LTS \RPL								
Coaching level 1\RPL								
Coaching level 2\RPL								
Coaching level 3\RPL								
Coaching level 4\RPL								

Info: Please provide the proof i.e. Doctors letter or affidavit

Extension Date:	From : (_____)	To (_____)
Reason for Extension:		

NB: AN EXTENSION MAY ONLY BE GRANTED ONCE!

Affiliate

E&TC: _____

Approval

SSA Office

E&TC: _____

E&TC: _____