**Notification of Extension of Learning Agreement**

This form should be completed and signed by the Access to HE Co-ordinator and countersigned by the Moderator for the Diploma. One application per learner should be made with any supporting evidence. These forms should be presented and agreed at the Final Awards Board. All forms should be returned to [access@gatewayqualifications.org.uk](mailto:access@gatewayqualifications.org.uk) with a copy retained by the centre.

|  |  |
| --- | --- |
| Centre Name |  |
| Diploma Title |  |
| Name of learner |  |
| Cohort Number |  |
| New Finish Date |  |

|  |
| --- |
| Rationale for Extension: |
|  |

## List the units below to be extended and the completion date(s).

|  |  |  |  |
| --- | --- | --- | --- |
| Unit Code | Unit Title | No. of Credits | Date to be completed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please ensure that this application form is signed by all those identified below: | | | |
| Provider Access to HE Coordinator | | | |
| Name |  | **Date** |  |
| Signature |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Access to HE Moderator | | | |
| Name |  | **Date** |  |
| Signature |  | | |