



# SWIMMING SOUTH AFRICA EXTENSION REQUEST

**Extension Letter (must be completed by the candidate)**

**To be approved by SSA ONLY**

Full Name: \_\_\_\_\_

Date of application: \_\_\_\_\_

Affiliate: \_\_\_\_\_

Course date: \_\_\_\_\_

Date when exam results were received: \_\_\_\_\_

**Please mark with an X to indicate the stage where an extension is required**

	Exam	Practical Assessment	Loggings
Todswim			
LTS			
Level 1 coaching			

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

Extension Date maximum of 6 months	From ( _____ )	To ( _____ )
<b><u>Reason for Extension:</u></b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

**NB: AN EXTENSION MAY ONLY BE GRANTED ONCE!**

E&TC: \_\_\_\_\_

SSA Office: \_\_\_\_\_