

This form is to be used by students who wish to apply for an extension of time to complete their Assessment(s) or for a change to an exam. Please note that the timeframe for processing an application for an assessment modification is 3 days from the date your application is received by Student Services. Please ensure that you refer to the *Assessment Policy and Procedure* before completing this form.

## PERSONAL DETAILS

Family Name:  (Surname) First Name:

Student ID #:  College:

## COURSE DETAILS

Course Name:

## EXTENSION DETAILS - Are you applying for an Extension or Change to an Assessment:

BEFORE the due date  AFTER the due date Due date:  /  /

## ONLINE and ON CAMPUS STUDENTS - Unit(s) / Subject(s) I wish to apply for an Extension:

Units / Subject Name	Assessment Type <small>(Exam/Essay/Presentation/Other)</small>	Lecturer's Name

## DISTANCE STUDENTS – Study Block I wish to apply for an Extension:

Study Block Number	Duration of Extension Requested <small>(maximum of 3 months)</small>
<b>I have attached a revised study plan showing the duration of the extension requested</b>	

## SUPPORTING DOCUMENTS FOR MODIFICATION OF ASSESSMENT

*(Your application must be supported by a Doctor's Certificate for Illness, or Written Evidence of compassionate or compelling circumstances. Please tick the type of supporting documentation you have attached to this application)*

Medical Certificate	<input type="checkbox"/>	Statutory Declaration outlining Circumstances	<input type="checkbox"/>	Counsellor / Psychologist Evaluation	<input type="checkbox"/>
Police Report	<input type="checkbox"/>	Letter from your Employer (on company letterhead)	<input type="checkbox"/>	Court or Legal Documentation	<input type="checkbox"/>
<b>Other:</b> <i>(please note below and attach documentation)</i>					

## LECTURER RECOMMENDATION: (Not required for Online or Distance Students)

*Must be completed by your lecturer 3 days prior to Assessment due date if you are applying for an extension BEFORE the due date*

Lecturer's Name			Signature	
Lecturer's Comments:				
Recommended revised due date			Duration of recommended extension (days):	



Lecturer's Name		Signature	
Lecturer's Comments:			
Recommended revised due date	/	/	Duration of recommended extension (days)

Lecturer's Name		Signature	
Lecturer's Comments:			
Recommended revised due date	/	/	Duration of recommended extension (days)

## CHECKLIST

The following is a checklist to help ensure that you have completed and attached all your relevant documentation correctly before **submitting this form to Student Services for processing**.

### PERSONAL DETAILS:

Have all your personal details requested on the form been filled in correctly?

### SUBJECT INFORMATION

- Have you listed the unit(s) / subject(s) and the type of assessment that require the extension?
- Have you listed the name of your lecturer for this subject?

### DOCUMENTATION

Have you attached all relevant documentation to the application?

### LECTURERS RECOMMENDATION

Has your lecturer signed and written their recommended revised due date on this form?

### APPROVAL OF EXTENSION

I am aware that final approval of my extension will be granted by the Head of College, Head of Academic Studies or Program Manager and that the lecturer's comments are only a recommendation

### DECLARATION

I wish to apply for an Assessment Modification for reasons outlined in this form. I declare that the information I have provided on this application is true and correct. I am aware of and have read the Assessment Policy & Procedure.

Signature:

Date:

Office Use only			
Received by		Received Date	
All documents claimed by applicant have been sighted and are attached		YES	NO

