Application for extension of time for in-semester assessment

Students should not assume that the extension will be approved
(Please refer to Discipline policy on Discipline website)

This form is to be completed and signed by the student and must be approved by the Unit Coordinator before assessment due date or as soon as possible thereafter

Student ID Number: ______________________ User Name: ______________________
Family Name: ______________________ Given Name: ______________________
Unit Code: _______ Unit Name: _________________________________________
Assignment Title/Number: ____________________________________________
Assignment Due Date: ______________________

REQUEST FOR EXTENSION WITHOUT PENALTY
Requested Due Date: ____________________________________________
Reason for Request: (documentation should be attached)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Student Signature: ______________________ Date: ______________________

UNIT COORDINATOR’S DECISION (please tick)
[ ] Extension Without Penalty. New Due Date: ______________________
[ ] Alternative Form of Assessment. Specify: ______________________
[ ] No Extension Without Penalty

Unit Coordinators Signature: ______________________ Date: ______________________

The student must attach this approved form to the front of the assignment or give it to their lecturer or hand it in at reception.