Application for Extension of Assessment Due Date



Please READ the **GUIDANCE NOTES** and **HOW TO SUBMIT THIS FORM** before completing your application

GUIDANCE NOTES

Before completing this form you must read the Guidelines for Late Submission of Progressive Assessment http://www.uq.edu.au/myadvisor/extension-progressive-assessment

- Your application must be submitted at the location and by the due date specified in Section 5.3 of the relevant Electronic Course Profile (ECP).
- > **Supporting documentation** such as a medical certificate, funeral notice etc. must be provided. Scanned or photographed copies should be attached to your email.
- For an application on medical grounds, the medical practitioner must not be a near relative or close associate. Examples of near relatives are partner, child, brother, sister, parent. Examples of close associates are close friends, neighbours and partners or children of colleagues.
- Extension criteria are applied consistently for equity reasons.
- You may discuss your situation with your course coordinator, but you still need to make a **formal extension** request using this form.
- Applications on medical grounds will be approved for the **number of calendar days** the medical certificate indicates you were unfit for study. You are expected to act in a **timely manner** and must make an appointment as soon as your condition impacts on your ability to study.
- If you have a continuing condition you should contact **Student Services** to arrange a **Student Access Plan** (**Disability**) [SAPD]. You must still submit the application form, but may not need to supply a medical certificate.

Non-permissible circumstances

Extensions will not be granted where the School is not satisfied you took reasonable measures to avoid the circumstances that contributed to you not submitting by the due date. The following are not grounds for an extension:

- holiday arrangements (including overseas travel);
- misreading a due date;
- social and leisure events;
- moving house;
- pressure of work/competing deadlines;
- computer issues.

HOW TO SUBMIT THIS FORM

- 1. Save a blank form to your computer as FAMILY NAME, Given Name #STUDENT ID Course Code (Example: SMITH, Jane #41235678 HIST2178)
- 2. Complete your application details on your saved form, then click 'Save'.
- 3. Attach the completed form to a new email. Also attach your medical certificate or other supporting documents such as medical certificate, funeral notice or employer letter (scan or photo). You will be notified if you need to provide original documents.
- 4. Submit your application form **from your student email address** to the location and by the due date specified in Section 5.3 of the relevant Electronic Course Profile (ECP).
- 5. You will be notified of the outcome of your application via your student email address.

Extension applications must be received by the due date

Application for Extension of Assessment Due Date

1. Student Details

Coordinator / Program Director Notified

Name

Processed by:



Privacy Statement: The information on this form is collected for the purpose of responding to your enquiry. The information you provide will remain confidential and will not be disclosed to a third party without your consent unless disclosure is authorised or required by law.

Family Name					Given Name			
Mobile number					Student Number (8 digits)			
Daytime phone number								
2. Reason for Application								
Medical Condition Med		dical Certificate attached			OR	SAP(D) in	SAP(D) in place	
-		Declaration of Exceptional Circumstances completed			AND		Supporting documentation attached	
3. Course Details								
Course Code		Cours	se Title					
Course Coordinator	r				Assessment item			
Original due date	Proposed due date			ate			e School is not obliged to accept posed due date	
4. Declarations (please tick)								
I declare the information provided is correct, complete and authentic. For an application on medical grounds, I confirm the medical practitioner is not a near relative or close associate of mine. I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in disciplinary action. I have read and understand the Guidance Notes on page 1 of this form. DECLARATION REGARDING EXCEPTIONAL CIRCUMSTANCES I make this declaration conscientiously, believing the same to be true:								
OFFICE USE ONLY								
All required documents received		Yes	No	Date	e received			
Extension Granted		Yes	No		nments / ditions			
Revised Due date / tir			Stuc	lent Notified	Yes			

Date

Name