



REQUEST FOR ASSESSMENT EXTENSION FORM

Please complete this form in **BLACK INK** using **CAPITAL LETTERS**. A student may apply for an extension of the due date for an assessment task if extenuating circumstances outside their control, and sufficiently grave in nature or duration, cause significant disruption to their capacity to study effectively. To apply, complete this form and submit it, with supporting documentation, to the Student Services (with a copy to the Teacher).

This form can be lodged before, on or no later than 5.00pm two working days after the due date of the assessment task.

| 1. PERSONAL DETAILS |
|---|
| Student ID number Daytime Contact Phone Number |
| |
| Title Family name |
| |
| Given Name (S) |
| Course Code Course Name Campus |
| |
| 2. UNIT ENROLMENT DETAILS |
| I would like to request an extension of time to complete the following assessment task: Unit Code Unit Name Tutorial Day and Time |
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| Title of Assessment Tests |
| Title of Assessment Task |
| Course / Program Convenor Signature Academic Director Signature |
| |
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| |
| 3. Reason for Application |
| Evidence must be provided demonstrating the severity and/or gravity of the event and that it has |
| disrupted previously satisfactory work during the session of enrolment. |
| Serious illness A Western Sydney University International College (WSUIC) Substantial change to routine employment |
| Medical Certificate must be completed by your medical or dental practitioner (see page 2). Your practitioner must affix a provider change to vour work arrangements. |
| stamp on the WSUIC Medical Certificate otherwise a medical certificate containing the provider number must be attached to |
| this application. Ensure that all the information requested on the |
| WSUIC Medical Certificate is supplied on any other medical certificate submitted. Certificates signed by family members will |
| not be accepted. Crisis/Trauma |
| Unavoidable commitments For example, family breakdown, victim of crime/accident, ex financial hardship. Supporting evidence may include a m |
| For example, Jury duty, court appearance, military reserve emergency service commitments. Please attach documentation officer, depending on the nature of the issue. There mu |
| showing compulsory attendance dates. showing compulsory attendance dates. evidence to demonstrate the severity and/or gravity of circumstance, in addition to evidence that the misadventure |
| Death or serious illness of immediate family member Please attach a letter from a counsellor, doctor or funeral director indicating the relationship of the family member to disrupted previously satisfactory work by a student during session of enrolment. |
| the student. |

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| I declare that the inform | tion provided by me on this form is true and correct. | |
|--|--|--|
| I also agree to the relea application | e of personal information about me for the purpose of assessing this | |
| Signature | Date | |
| 4. WSUIC ONLY | | |
| Extension granted? YES | NO New Submission Date | |
| CC/PC's Signature | Date | |
| Student informed of outcome by email on Date | | |
| On completion, original | orm and supporting documentation forwarded (for schools) to: | |
| | | |
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