APPLICATION FOR AN EXTENSION TO COMPLETE ASSESSMENTS

Student Name: ____________________________________________

Student ID Number: ________________________________________

Course: __________________________________________________

Subject name: _____________________________________________

Subject Code: _____________________________________________

Assessment name/number: __________________________________

Original due date: _________________________________________

Lecturer: _________________________________________________

Reason(s) for extension (you must attach supporting documents where required):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student signature: ____________________________ Date: __________

Lecturer or PD approval: __________________________ Date: __________

Extended due date: ___________________________________________

Once you have approval from the lecturer or PD, please submit this form to the Student Services on Level 18 for recording. The original form must be submitted with the assessment.

For Office Use Only

Student Services updated database (if applicable) Signature: __________ Date: __________

Admission updated PRISMS (if applicable) Signature: __________ Date: __________

Lecturer to complete this section and forward to PD for recording results.

Assessment graded by:

Lecturer name: ____________________________________________

Signature: ____________________________ Date: __________

Result: __________________________________________________

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