

# Assessment Extension Request Form

**Read the Important Information on page 3 before completing this form.  
This form must be lodged at least 3 working days prior to the revised due date as approved by Educator.**

## 1 – PERSONAL DETAILS

ACAP student ID number







Title \_\_\_\_\_ Family Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Contact Phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail Address \_\_\_\_\_ Course Name (e.g. BASS) \_\_\_\_\_

## 2 – ASSESSMENT EXTENSION DETAILS

Term & Year	Unit Name	Educator Name	Class FD/OC	Ass No.	Original due date	New due date as granted by Educator

**Number of extensions requested through Academic Programs Team this year\* (Tick)**

\*No more than 5 extensions per year may be granted.

1.     2.     3.     4.     5.

**Reasons for applying for an extension with extenuating circumstances**

(see p.3 for details of what is considered valid grounds for an extension)

**How has this affected your ability to complete your assessment?**

**Number of additional days extension you are requesting:**

days

NB: length of time granted will be dependant upon the **nature, severity and duration** of the grounds for the application; a maximum of 2 additional weeks on top of the educator's extension can be granted. You will be notified by email within 2 working days of the outcome of your request.

**CERTIFICATION OF CIRCUMSTANCES For the use by Medical Practitioner, Counsellor, Employer etc. who are aware of your illness or other reasons for requesting an extension.**

NB: Applications based on serious illness will not be considered unless a medical certificate is provided. The certificate must be completed by a registered medical practitioner or counsellor and have the provider stamp attached.

Date on which the student was seen: \_\_\_\_\_

Date of first onset: \_\_\_\_\_

Expected duration of illness or other causes (days, weeks, indefinite): \_\_\_\_\_

Your assessment of the severity of the illness or other causes (please tick as appropriate).

- Mild       Moderate       Severe       Other (please specify)

Nature of illness/problem/disability and likely effect on academic performance:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT! TO BE SIGNED BY MEDICAL PRACTITIONER, COUNSELLOR, ETC**

In your opinion, does this medical condition affect the student's performance when completing the assessment(s)?

- YES       NO

Name: \_\_\_\_\_

Date/Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Provider's Stamp**  
  
MUST BE  
AFFIXED HERE

**4 – STUDENT DECLARATION AND SIGNATURE (NB: Your request will not be considered unless you have signed this form)**

I declare that the information provided by me on this form is true and correct and I have read the information/instructions on page 3.

I confirm that I have attached independent supporting documentation with this request.

Student Signature

**X** SIGN HERE

Date

DD / MM / YYYY

Date Received

Office Use Only Office Use Only  
Office Use Only Office Use Only

**5 – OFFICE USE ONLY**

Date Received:	Received by:
Extension Approved / Not Approved	Extension granted until:
Signed:	Date:
Notification to Student:	

## **IMPORTANT INFORMATION**

### **APPLY TO YOUR EDUCATOR FOR THE FIRST WEEK OF ANY EXTENSION**

#### **DO NOT USE THIS FORM UNLESS YOUR EDUCATOR HAS ALREADY APPROVED AN EXTENSION OF ONE WEEK**

- An extension of **up to one week** from the original due date **must be requested from and negotiated directly with the educator** for the unit being assessed. Requests must be made no less than 24 hours before the due date of the assessment.
- **COMPLETE THIS FORM** if an extension **in excess of one week** from the original assessment due date is required. Submit the Form for approval to the Academic Programs Team at your relevant campus by e-mail or fax (see contact details below). Applications must be received **3 days before** the due date (revised date as approved by educator) of the assessment.
- Extensions of more than one week will only be granted in **extenuating circumstances**. Your application for an extension will be considered principally on the basis of independent supporting documentation. It is the student's responsibility to ensure all relevant supporting documentation is forwarded with the extension application.

No more than **5** extensions per student in each academic year may be granted.

#### ***Extenuating circumstances may include:***

**Medical Reasons** – where a medical condition has prevented you from completing an assessment by the due date.

*Supporting documentation required:* A statement from a doctor including the **date your medical condition first prevented you from normal participation in study** and the date the doctor considers you will be well enough to resume normal studies.

**Family/Personal Reasons** – due to unforeseen personal/family reasons that are beyond your control, you are unable to complete an assessment by the due date.

*Supporting documentation required:* a statement from a doctor, counsellor or independent member of the community indicating the date your circumstances became apparent that you could not complete your assessment requirements by the due date.

**Employment Related Reasons** – where your employment arrangements change unexpectedly due to circumstances beyond your control preventing you from completing an assessment by the due date.

*Supporting documentation required:* a statement from your employer indicating your previous work hours and location; your current work hours and location; and the date the employment circumstances changed and the reason why.

**MATTERS SUCH AS HOLIDAY ARRANGEMENTS (INCLUDING OVERSEAS TRAVEL); OR TAKING TOO MANY UNITS AT A TIME, POOR TIME MANAGEMENT, EXCESSIVE WORKLOAD, REPEATED COMPUTER PROBLEMS OR FAMILY AND SOCIAL COMMITMENTS ARE NOT ACCEPTABLE REASONS.**

It is **not sufficient** to provide only a **personal statement** outlining your extenuating circumstances. Statements made by parents/partners/spouses/close relatives or personal friends are not considered to be 'independent documentation' for this purpose.

#### **Disability Reasons**

A disability that is temporary, permanent or fluctuating may prevent you from submitting assessment tasks by due dates. If this is the case please contact Student Support to develop a Study Plan, which will help you negotiate course requirements, including due dates for assignments. Appropriate supporting documentation is required.

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**This form may be lodged at any ACAP Campus by post, fax or email:**

#### **SYDNEY**

Academic Programs Team  
ACAP  
Locked Bag 11  
Strawberry Hills NSW 2012  
Ph: (02) 9964 6300  
Fx: (02) 9964 6378  
[academicinfo@acap.edu.au](mailto:academicinfo@acap.edu.au)

#### **MELBOURNE**

Administration  
ACAP  
PO Box 12322, A'Beckett St Post Office  
Melbourne NSW 8006  
Ph: (03) 8613 0600  
Fx: (03) 8613 0698.  
[acapmelb@acap.edu.au](mailto:acapmelb@acap.edu.au)

#### **BRISBANE**

Administration  
ACAP  
PO Box 10469, Adelaide Street  
Brisbane QLD 4000  
Ph: (07) 3234 4400  
Fx: (07) 3236 0037  
[acapbris@acap.edu.au](mailto:acapbris@acap.edu.au)