Assignment Extension Request Form

Please 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

PLEASE COMPLETE ALL DETAILS

Title ___________ Given Name_________________ Family Name__________________________________________

Contact Phone ___________________________ Mobile ___________________________

E-mail Address_________________________ Course Name (e.g. BASSIX) ________________________

2 – ASSESSMENT EXTENSION DETAILS

<table>
<thead>
<tr>
<th>Term &amp; Year</th>
<th>Unit Name</th>
<th>Educator Name</th>
<th>Class FD/OC</th>
<th>Ass No.</th>
<th>Original due date</th>
<th>New due date as granted by Educator</th>
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</thead>
</table>

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.
NB: APPLICATIONS BASED ON SERIOUS ILLNESS will not be considered unless a Medical Certificate is provided. Students can provide a separate Medical Certificate or have the following completed. 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  Date
X SIGN HERE  DD/MM/YYYY

You will be notified by email within 2 working days of the outcome of your request.
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 AccessAbility for assistance in negotiating your course requirements, including due dates for assignments. Appropriate supporting documentation is required.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>SYDNEY</td>
<td>Academic Programs Team</td>
</tr>
<tr>
<td></td>
<td>ACAP</td>
</tr>
<tr>
<td></td>
<td>Locked Bag 11, Strawberry Hills NSW 2012</td>
</tr>
<tr>
<td></td>
<td>Ph: (02) 9964 6300, Fax: (02) 9964 6378</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:academicinfo@acap.edu.au">academicinfo@acap.edu.au</a></td>
</tr>
<tr>
<td>MELBOURNE</td>
<td>Administration</td>
</tr>
<tr>
<td></td>
<td>ACAP</td>
</tr>
<tr>
<td></td>
<td>PO Box 12322, A’Beckett St Post Office, Melbourne NSW 8006</td>
</tr>
<tr>
<td></td>
<td>Ph: (03) 8613 0600, Fax: (03) 8613 0698</td>
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<tr>
<td></td>
<td><a href="mailto:acapmelb@acap.edu.au">acapmelb@acap.edu.au</a></td>
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<tr>
<td>BRISBANE</td>
<td>Administration</td>
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<td>ACAP</td>
</tr>
<tr>
<td></td>
<td>PO Box 10469, Adelaide Street, Brisbane QLD 4000</td>
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<tr>
<td></td>
<td>Ph: (07) 3234 4400, <a href="mailto:acapbris@acap.edu.au">acapbris@acap.edu.au</a></td>
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