



SCHOOL OF _____

REQUEST FOR EXTENSION

LOCKED BAG 1797, PENRITH NSW 2751

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 Unit Coordinator or other designated staff member (with a copy to the lecturer).

This form can be lodged before, on or no later than 5.00pm two working days after the due date of the assessment task. More information about Request for Extension can be found under 'A' in the A-Z policy listing at westernsydney.edu.au/policy.

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

Time

Title of assessment task

Due date

D	D	/	M	M	/	Y	Y	Y	Y
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Unit Coordinator

Lecturer/Tutor

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 Medical Certificate must be completed by your medical or dental practitioner (see page 2). Your practitioner must affix a provider stamp on the Western Sydney University Medical Certificate otherwise a medical certificate containing the provider number must be attached to this application. Ensure that all the information requested on the Western Sydney University Medical Certificate is supplied on any other medical certificate submitted. Certificates signed by family members will not be accepted.

Substantial change to routine employment

Please attach a letter from your employer explaining the change to your work arrangements.

Selection to represent at International, National or State level in a sporting or cultural event

Please attach supporting documentation from State, National or Cultural organisation advising selection.

Unavoidable commitments

For example, Jury duty, court appearance, military reserve emergency service commitments. Please attach documentation showing compulsory attendance dates.

Crisis/Trauma

For example, family breakdown, victim of crime/accident, extreme financial hardship. Supporting evidence may include a medical certificate or other letter from a counsellor, doctor, police or fire officer, depending on the nature of the issue. There must be evidence to demonstrate the severity and/or gravity of the circumstance, in addition to evidence that the misadventure has disrupted previously satisfactory work by a student during the session of enrolment.

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 the student.

4 - STUDENT DECLARATION

I declare that the information provided by me on this form is true and correct.

I also agree to the release of personal information about me for the purpose of assessing this application.

Date Received

X

SIGN HERE

D	D	/	M	M	/	Y	Y	Y	Y
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5 - MEDICAL CERTIFICATE

The certificate must be completed by a registered medical practitioner and have the practitioner's provider stamp affixed.
Stress and/or anxiety associated with examinations will not normally be considered.

Name of practitioner

Provider number

Address

Contact telephone(s)

Date of attendance at surgery Date / / Time

I certify that

is unfit for studies from Date / / TO Date / /

Is the patient's condition severe enough that it prevents them from completing an assignment, class work, fieldwork or an exam? Yes No

My assessment of the patient's condition was based on:

an examination of the patient information provided by the patient

I am unable to assess how this illness would affect the patient's capacity to sit a formal exam

Within the limits of patient confidentiality, please state the nature of the problem/illness/difficulty experienced by the patient over this period.

Practitioner's signature Date / /

6 - SCHOOL USE ONLY

Extension granted ? Yes No New submission date / /

Unit Coordinator's signature Date / /

Student informed of outcome by email on (date) / /

On completion, original form and supporting documentation forwarded (for School records) to

Provider's stamp

**MUST BE
AFFIXED
HERE**

If stamp is not available,
a signed declaration
of provider number on
practitioner's letterhead
is to be attached to this
application.