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

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.

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

- **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.

SIGN HERE

Date Received

WESTERN SYDNEY UNIVERSITY

SCHOOL OF ____________________________

REQUEST FOR EXTENSION

LOCKED BAG 1797, PENRITH NSW 2751

Please complete this form in **BLACK INK** using **CAPITAL LETTERS**.

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University’s functions and activities associated with my enrolment. In some instances, the University may need to disclose information to external agencies such as UAC, DEST, DIAC, Centrelink, other Government agencies, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University’s policies.
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

I certify that

PATIENT’S NAME

is unfit for studies from

TO

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

PRACTITIONER’S SIGNATURE Date

6 - SCHOOL USE ONLY

Extension granted? Yes No New submission date

Unit Coordinator’s signature SIGN HERE Date

Student informed of outcome by email on (date)

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