

**Request for Extension**

Locked Bag 1797, Penrith, NSW 2751

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 must be lodged no later than 3 working days prior to the due date of the assessment task. After that, you must apply for Special Consideration. More information about Special Consideration can be found at [www.uws.edu.au/students/stuadmin/specialconsideration](http://www.uws.edu.au/students/stuadmin/specialconsideration)

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

**1 - PERSONAL DETAILS**

UWS 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 UWS Medical Certificate must be completed by your medical or dental practitioner (see page 2).**

Your practitioner must affix a provider stamp on the UWS Medical Certificate otherwise a medical certificate containing the provider number must be attached to this application. Ensure that all the information requested on the UWS 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.

 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.

 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.

**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

## 5 - MEDICAL CERTIFICATE

Applications based on "Serious Illness" will not be considered unless a medical certificate is provided. The certificate must be completed by a registered medical or dental practitioner and have the practitioner's provider stamp affixed.

Name of Practitioner

Provider Number

Address

Contact Telephone(s)

Date of Attendance at Surgery  Time

I certify that (patient's name)

is unfit for studies from

This illness would (please tick)

- Severely affect
- Moderately affect
- Slightly affect
- Not affect

the patient's capacity to complete an assessment task during this time.

or  I am unable to assess how this illness would affect the patient's capacity to complete an assessment task.

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

Provider's stamp

**MUST BE  
AFFIXED  
HERE**

## 6 - SCHOOL USE ONLY

Extension granted?  No  Yes

New submission date

Unit Coordinator's signature

Date

Student informed of outcome by email  on (date)

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