

Application for Extension of Assessment Due Date

Before completing this form you must read the information on

<https://my.uq.edu.au/information-and-services/manage-my-program/exams-and-assessment/applying-extension>

GUIDANCE NOTES

Please READ the GUIDANCE NOTES and HOW TO SUBMIT THIS FORM before completing your application.

- Your application must be submitted at the location and by the due date specified in Section 5.3 of the relevant Electronic Course Profile (ECP).
- **Supporting documentation** such as a medical certificate, funeral notice etc. must be provided. Scanned or photographed copies should be attached to your email.
- For an application on medical grounds, the medical practitioner must not be a near relative or close associate. Examples of near relatives are partner, child, brother, sister, parent. Examples of close associates are close friends, neighbours and partners or children of colleagues.
- Extension criteria are applied consistently for equity reasons.
- You may discuss your situation with your course coordinator, but you still need to make a **formal extension request** using this form.
- Applications on medical grounds will be approved for the **number of calendar days** the medical certificate indicates you were unfit for study. You are expected to act in a **timely manner** and must make an appointment as soon as your condition impacts on your ability to study.
- If you have a continuing condition you should contact **Student Services** to arrange a **Student Access Plan (Disability) [SAPD]**. You must still submit the application form.

Non-permissible circumstances

Extensions will not be granted where the School is not satisfied you took reasonable measures to avoid the circumstances that contributed to you not submitting by the due date. The following are not grounds for an extension:

- holiday arrangements (including overseas travel);
- misreading a due date;
- social and leisure events;
- moving house;
- pressure of work/competing deadlines;
- computer issues.

HOW TO SUBMIT THIS FORM

- Save a blank form to your computer as FAMILY NAME, Given Name #STUDENT ID Course Code (Example: SMITH, Jane #41235678 WRIT2100)
- Complete your application details on your saved form, then click 'Save'.
- **Upload the completed form to the request for extension link in the assessment item folder on Blackboard. Also upload your supporting documents such as medical certificate, funeral notice or employer letter (scan or photo). You will be notified if you need to provide original documents.**
- Upload your application form by the due date specified in Section 5.3 of the relevant Electronic Course Profile (ECP).
- You will be notified of the outcome of your application via **Gradebook on Blackboard**.

Extension applications must be received by the assessment due date.

Application for Extension of Assessment Due Date



Privacy Statement: The information on this form is collected for the purpose of responding to your enquiry. The information you provide will remain confidential and will not be disclosed to a third party without your consent unless disclosure is authorised or required by law.

1. Student Details			
Family Name	<input type="text"/>	Given Name	<input type="text"/>
Mobile number	<input type="text"/>	Student Number (8 digits)	<input type="text"/>
Daytime phone number	<input type="text"/>	Email address	<input type="text"/>
2. Reason for Application			
Medical Condition <input type="checkbox"/>	Medical Certificate attached <input type="checkbox"/>		SAP(D) in place <input type="checkbox"/>
Exceptional Circumstances <input type="checkbox"/>	Declaration of Exceptional Circumstances completed <input type="checkbox"/>	AND	Supporting documentation attached <input type="checkbox"/>
3. Course Details			
Course Code	<input type="text"/>	Course Title	<input type="text"/>
Course Coordinator	<input type="text"/>	Assessment item	<input type="text"/>
Original due date	<input type="text"/>	Proposed due date	<input type="text"/> Note: The School is not obliged to accept your proposed due date
4. Declarations (please tick)			
<input type="checkbox"/>	I declare the information provided is correct, complete and authentic. For an application on medical grounds, I confirm the medical practitioner is not a near relative or close associate of mine. I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in disciplinary action.		
<input type="checkbox"/>	I have read and understand the Guidance Notes on page 1 of this form.		
DECLARATION REGARDING EXCEPTIONAL CIRCUMSTANCES			
I make this declaration conscientiously, believing the same to be true: (Please attach supporting documentation)			
<input type="text"/>			

OFFICE USE ONLY			
All required documents received	Yes <input type="radio"/>	No <input type="radio"/>	Date received <input type="text"/>
Extension Granted	Yes <input type="radio"/>	No <input type="radio"/>	Comments / Conditions <input type="text"/>
Revised Due date / time	<input type="text"/>	Student Notified	<input type="checkbox"/> Date <input type="text"/>
Coordinator / Program Director Notified	<input type="checkbox"/>	Name	<input type="text"/> Date <input type="text"/>
Processed by:	Name	<input type="text"/>	Date <input type="text"/>