



EXTENSION FORM

Information for Students

1. Please use this form to apply for an extension for minor extenuating circumstances.
2. Applications for extensions must be submitted as soon as possible and no later than the deadlines listed below. Late applications will **NOT** be considered.

Assessment	Deadline
Exam (including in-class exam /practical test / presentation / final exam)	Students who are absent on the day of an exam must contact the office by email or phone on the day of the exam or the following calendar day, and submit this form within 3 calendar days after the original sitting date of the exam.
All other assessments apart from exam (including essay assignment)	Before the due date of the assessment.

3. **Fit to Sit Rule:** An extension will be automatically deemed to be invalid if the student submits their assignment or attempts the exam by the original due date.
4. Completing this form does not guarantee an extension. Extensions will not be granted for (but is not limited to) the following: misreading the Unit Guide, organising conflicting travel arrangements and poor time management.
5. Please provide supporting documentation.
6. Students who have a significant impairment may apply for Special Consideration (please consult: *A1.20 Special Consideration Policy*).

Office Use Only

Name:

Signature:

Date received:

Student to Complete

Name:

Student ID:

Email:

Contact Number:

Unit Code & Name:

Assessment Item: [e.g. Test 1, Essay 1]

Assessment Due Date:

Preferred Assessment Due Date (this date is **NOT** guaranteed should an extension be granted):

Grounds for Extension

Please set out the reasons for requesting an extension. Ensure that you have provided **sufficient detail** to justify the request for an extension and attach **supporting documentation**.

I have attached supporting documentation to this form.

Student Declaration

In making this application, I declare that:

- the information I have provided is true, accurate and complete; and
- the documents I have provided are genuine.

SITCM reserves the right to contact the doctor, counsellor or issuing authority concerned to verify that the documentation is genuine. If falsified documents are provided in support of this application, then this will result in disciplinary action being taken under the Misconduct Policy.

Name:

Signature:

Date:

Course Coordinator (or another nominated staff member) to Complete

Approved Extension due date: [Time and Date]

Not Approved

Please state the reason for why an extension is not approved.

Name:

Signature:

Date: