



AUSTRALIA
Faculty of Education

Application for Extension to Assessment Due Date

Prior to completing this form, students should carefully read the information in the USQ Academic Regulations relating to late submission and extension requests (Section 5.6.3.4 <http://www.usq.edu.au/corporateservices/calendar/part5.htm>)

1. Course Code and Name: _____

2. Campus (*circle one*): Toowoomba Fraser Coast Springfield Web

Name of Tutor - _____

3. Assessment Task for which an Extension is sought: _____

4. Original due date of the Assessment Task: ____/____/____

5. Requested new date of submission for the Assessment Task: ____/____/____
(The final decision about the extended due date will be made by course staff if the request is approved.)

6. I, Student No

(title) (family name) (given names)

of

(address)

Contact Telephone No E-mail

(clearly write the complete email address)

on this date ____/____/____

apply for an extension to the due date for the assessment indicated above on the grounds that (*tick one below*):

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I will be unable to submit the assessment by the due date for medical reasons . If necessary, a brief explanation is provided over the page and the appropriate supporting documentation is attached (documentation must conform to the requirements as described in section 5.6.3.4 of the University Calendar). |
| <input type="checkbox"/> | I will be unable to submit the assessment by the due date for family/personal reasons . If necessary, a brief explanation is provided over the page and the appropriate supporting documentation is attached (documentation must conform to the requirements as described in section 5.6.3.4 of the University Calendar). |
| <input type="checkbox"/> | I will be unable to submit the assessment by the due date for employment related reasons . If necessary, a brief explanation is provided over the page and the appropriate supporting documentation is attached (documentation must conform to the requirements as described in section 5.6.3.4 of the University Calendar). |

7. Student to sign (or type in name if completing electronically) & date below:

_____ ____/____/____
Signature

Reason/s for Request *(Please continue on separate page if necessary.)*

Please attach approved copy to assignment when submitting.

OFFICE USE ONLY

Date request received: ____/____/____

Extension granted? Yes No If yes, approved date of submission: ____/____/____

Approved by _____ on ____/____/____

Date student emailed about application outcome: ____/____/____ *(cc. to Campus Facilitator)*