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FOR 118 Application for Extension to Assessment Due Date

Student Name		Student ID No						
Student	Email				Stude	ent Phone Numbe	r	
Unit nar	me / code							
Assessm	nent Task:							
EXTENSION DATE REQUESTED AND REASON								
Assessment Due Date								
Extension Date Requested*								
Reason (if due to illness, attach sickness certificate)								
		IMPORTANT	POINTS:	PLEASE	READ	CAREFULLY		
*	Requests for a assignment.	n extension of time fo	r submission of	f an assignme	nt must be	e made <u>before the</u>	e due date of the	
*	•	ld be directed initially tudent. This form sho					ld initial this form and en submitted.	
*	•	n extension of <u>more tl</u> he Student Welfare O				•	cceptional circumstances, pointment with the	
*	Requests for an extension of practical / group assessment task are not normally granted except under exceptional circumstances, in which case the Student Welfare Officer should initial the requested due date after the appointment with the student.							
Student	Signature					Date		
TRAINERS USE ONLY Trainer's Name:						Date:		
Application Approved YES NO Extended Assessment Due Date:								
APPOINTMENT REQUIRED WITH WELFARE OFFICER PRIOR TO APPROVAL: YES NO								
IF YES P	IF YES PLEASE FOWARD THE APPLICATION TO WELFARE OFFICER							

COMMENTS:

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