

Application for Assessment Extension

Instructions to Students

You may apply for an assessment extension if your capacity to demonstrate your true level of competence has been or will be significantly impaired as a result of medical, compassionate or extenuating circumstances. Make sure that you:

1. Read the [Modified Arrangements for Coursework Assessment Policy](#) prior to completing this form.
2. Complete the form as follows:
 - All students must complete Sections 1 and 5 and**
 - either **Medical circumstances** – arrange for Section 2 to be completed
 - OR **Compassionate circumstances** – complete Section 3
 - OR **Extenuating Circumstances** – complete Section 4
3. Submit the completed form to your Course Coordinator by the assessment deadline. For assessments weighted 20% or less, please speak to your Course Coordinator before completing any documentation as the level of required documentation may be reduced.
4. Monitor your university student email account (the decision will normally be emailed within 3 business days).
5. If you have any questions please contact your **School** or **Faculty Office**.

Section 1: Personal Details

To be completed by the Student

ID Number		Phone		
Full Name		University student email		
Name of program enrolled in at University of Adelaide				
Subject Area and Cat No	Name of Course	Assessment Task	Assessment Weight (%)	Due Date
<i>e.g. ECON 1012</i>	<i>Principles of Economics I</i>	<i>Final Essay</i>		<i>DD/MM/YYYY</i>

I am applying for an assessment extension due to:

- Medical Circumstances (Complete Section 2)
 OR
 Compassionate Circumstances (Complete Section 3)
 OR
 Extenuating Circumstances (Complete Section 4)

I am requesting an assessment extension until (date):

DD / MM / YEAR

Section 2: Medical Circumstances

To be completed by a Medical or Registered Health Practitioner registered with the Australian Health Practitioner Regulation Agency.

Guidance Notes for Completion

The student believes that their capacity to demonstrate their true level of competence in the assessment(s) listed in Section 1 has been or will be **significantly impaired** due to a temporary medical issue and is seeking an assessment extension on medical grounds.

The University does not consider the following to be a significant impairment:

1. Minor ailments including but not limited to colds, minor respiratory infections, minor gastric upsets, menstrual irregularities, headaches and stress or anxiety normally associated with study.
2. Ongoing medical conditions that are currently being managed unless there has been an exacerbation of that condition.

Please note that a medical certificate on its own will not be accepted. If you have any questions please contact your Faculty Office or School.

I declare that:

- I had a face to face consultation with the student on at AM / PM
DD / MM / YEAR Time
- I am not a close relative or associate of the student.*
- It is my professional opinion that this student has/had an illness or injury, which began on
 and which will or has impact the student's assessment on
DD / MM / YEAR DD / MM / YEAR
- It is my professional opinion that the student **has presented** with sufficient evidence of a significant impairment to support this application
- OR
- It is my professional opinion that the student **has not presented** with sufficient evidence of a significant impairment to support this application

Additional Comments

Additional Comments

Practitioner Signature: Date: Time: AM/ PM
DD / MM / YEAR

Name	
Profession/Position	
Professional registration number	
Medicare provider number	
Employer or practice name	
Phone	
Address	

**Professional/ Practitioner Stamp
or Business Card here:**

Professional/ Practitioner Stamp or Business Card here:

* Close relative or associate includes a partner, spouse, child, sibling, parent, grandparent, uncle or aunt, friend, extended family member, neighbour, partner of child or colleague, and anyone involved in assessment process in the School.

Next steps for Student:

1. Go to Section 5. Read and sign the declaration.

Name		Professional/Practitioner Stamp or Business Card here: (not required for University of Adelaide employees)
Profession/Position		
Professional registration number		
Medicare provider number/Staff Number		
Employer or practice name		
Phone		
Address		

Next steps for Student:

1. Ensure you attach required evidence (original or certified copies only)
2. Go to Section 5. Read and sign the declaration.

Section 4: Extenuating Circumstances

To be completed by the Student

Guidance Notes for Completion

The University does not regard travel, balancing workloads including overlapping study periods as extenuating circumstances. Applications will not be approved if your circumstances were avoidable and you student had reasonable opportunity to make alternative arrangements.

Applying due to:	Circumstance	Type of evidence required
<input type="checkbox"/>	Formal legal commitments	Document showing obligations and period for which they apply
<input type="checkbox"/>	Religious obligations	Letter from leader of recognised religion showing obligations and period for which they apply
<input type="checkbox"/>	Military service	Official letter from supervising Military officer showing obligations and period for which they apply
<input type="checkbox"/>	Emergency Management Service	Official letter/document from supervising officer showing obligations and period for which they apply
<input type="checkbox"/>	Representing University, State or nation at significant sporting/cultural event	Letter from senior representative of the organisation confirming participation in event, and date/place of event
<input type="checkbox"/>	Student is a University-approved Elite Athlete	A copy of the University of Adelaide Elite Athlete memo. Additional information may be required for a replacement examination application.
<input type="checkbox"/>	Other	Provide summary below and attach relevant evidence

Additional Comments

Next steps for Student:

1. Ensure you attach required evidence (original or certified copies only)
2. Go to Section 5. Read and sign the declaration.

Section 5: STUDENT DECLARATION

I declare that:

- **I have read and understood** the [Modified Arrangements for Coursework Assessment Policy](#).
- The evidence given in support of this application is accurate, true and complete. I acknowledge that incomplete information may result in this application being rejected.
- I understand that submitting false or misleading information may result in being referred to the Student Misconduct Tribunal and/or my enrolment being cancelled.
- I authorise the University to obtain further information with respect to my application, and authorise the professional who has completed this form to release any relevant additional information necessary to assist or clarify my application.

Signature: Date: Time: AM/ PM
DD / MM / YEAR

Checklist for Students

Before submitting this form, ensure you have:

- ✓ Read the [Modified Arrangements for Coursework Assessment Policy](#)
- ✓ Completed Section 1
- ✓ Completed either Section 2, 3 or 4 (depending on your circumstances) and attached evidence
- ✓ Signed and dated the Student Declaration in Section 5

UNIVERSITY USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> More information requested	<input type="checkbox"/> Rejected
Notes		
<i>i.e. reason for rejection / date more information requested/ date extension granted to</i>		
Signature: Date: Time: AM/ PM DD / MM / YEAR		
ACTION	DATE	COMMENT
Received by Faculty		
Entered on PeopleSoft		
Applicant Notified		
Saved to HPRM		