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

<table>
<thead>
<tr>
<th>ID Number</th>
<th>Phone</th>
<th>Full Name</th>
<th>University student email</th>
<th>Name of program enrolled in at University of Adelaide</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Subject Area and Cat No</th>
<th>Name of Course</th>
<th>Assessment Task</th>
<th>Assessment Weight (%)</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. ECON 1012</td>
<td>Principles of Economics I</td>
<td>Final Essay</td>
<td>DD/MM/YYYY</td>
<td></td>
</tr>
</tbody>
</table>

I am applying for an assessment extension due to:

☐ Medical Circumstances OR ☐ Compassionate Circumstances OR ☐ Extenuating Circumstances

(Complete Section 2)  (Complete Section 3) (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

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:

* 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.
# Section 3: Compassionate Circumstances

*To be completed by the student*

## Guidance Notes for Completion

The University does not consider employment commitments, family or customary obligations, balancing workloads, travel, child care, sport, social or leisure commitments as being compassionate circumstances. Applications should not be approved if the circumstances were avoidable and the student had reasonable opportunity to make alternative arrangements.

<table>
<thead>
<tr>
<th>Applying due to:</th>
<th>Circumstance</th>
<th>Evidence required</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Death of immediate family member</td>
<td>e.g. Death certificate, funeral director's statement</td>
</tr>
<tr>
<td>☐</td>
<td>Life-threatening illness of a family member, partner or close friend</td>
<td>Medical/hospital letter</td>
</tr>
<tr>
<td>☐</td>
<td>Dependent has unexpected serious illness requiring student to provide care</td>
<td>Medical/hospital letter</td>
</tr>
<tr>
<td>☐</td>
<td>Victim of a serious crime or involved in a serious accident</td>
<td>Accident report, police report</td>
</tr>
<tr>
<td>☐</td>
<td>Involved in or witness to a serious accident</td>
<td>Accident report, police report</td>
</tr>
<tr>
<td>☐</td>
<td>Substantial &amp; unanticipated financial hardship</td>
<td>Financial documents, e.g. bankruptcy or job termination notice and final payslip</td>
</tr>
<tr>
<td>☐</td>
<td>The break-up of significant personal relationship close to assessment date</td>
<td>Declaration required – please arrange for the declaration below to be completed</td>
</tr>
<tr>
<td>☐</td>
<td>Severe disruption to domestic arrangements or abusive living environment</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Natural disaster or major political upheaval</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

## Declaration (only required if indicated above)

*To be completed by a Registered Health Practitioner, University of Adelaide Counsellor, Disability Advisor, International Student Advisor, Education and Welfare Officer or Wirilu Yarlu Student Service Officer.*

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.*
- ☐ (if applicable) I have sighted appropriate evidence to verify the student's circumstances
- ☐ It is my professional, independent opinion that circumstances exist which **have or will significantly impair(ed)** the student’s capacity to demonstrate their true level of competence in the assessment(s)

## Summary

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

* 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. 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 had reasonable opportunity to make alternative arrangements.

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

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

<table>
<thead>
<tr>
<th>UNIVERSITY USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Approved □ More information requested □ Rejected</td>
</tr>
</tbody>
</table>

Notes
i.e. reason for rejection / date more information requested/ date extension granted to

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

ACTION | DATE | COMMENT
--- | --- | ---
Received by Faculty | | |
Entered on PeopleSoft | | |
Applicant Notified | | |
Saved to HPRM | | |