

This form is to be used for an Assessment Extension Request of 5 days or less.

For an Extension Request of more than 5 days, please complete the Special Consideration Application.

- A student may apply for an extension of the due date of an assessment task if circumstances beyond their control prevent them from completing the task on time.
- Requests must be lodged with the relevant **Lecturer** at least 2 days **BEFORE** the due date for the assessment.
- You will be notified of the outcome of your request via your ACPE email address, within 2 working days. In the meantime, you must make every attempt to complete the task on time, should your request be denied.

## Personal Details

Student ID No.						Daytime contact phone number											
Given Name						Family Name											
Course Name						Mode of Study (Online or On Campus)											
Head of Dept. (Tick one)	<input type="checkbox"/> Diane Grant (Education & Dance)		<input type="checkbox"/> Duncan Greig (Sports Performance)			<input type="checkbox"/> Mikah van Gogh (Health Science)			<input type="checkbox"/> Dr Tilda Khoshaba (Sports Business)								

## Unit & Assessment Details

Unit Code		Unit Name															
Lecturer Name						Unit Co-ordinator Name											
Assessment Task Name and No.						Have you started the task?	Yes / No (Circle one)										
Assessment Task Due Date	D D / M M / Y Y Y Y					Requested Extension Date (must be <u>no more</u> than 5 days)	D D / M M / Y Y Y Y										

**NOTE: Evidence of the work you have already started on your assessment task must be attached to this application.**

## Reason for Extension Request

Please provide a brief explanation of the reasons for your extension request.

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## Student Declaration

I declare that the information provided by me on this form is true and correct, and I have attached evidence of the work I have already started on my assessment task.

Student Signature		Date	
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## Authorisation Section (To be completed by Lecturer)

<input checked="" type="checkbox"/>	Extension Approved	<input checked="" type="checkbox"/>	Extension Denied	New Due Date (If approved)	D D / M M / Y Y Y Y
Further Comments/Instructions					
Lecturer Name		Signature		Date	D D / M M / Y Y Y Y

NOTE: Please email outcome of request to student, then forward form to the Unit Co-ordinator and Head of Department.