

# Higher Education Request for Extension / Deferral of Assessment Application - Form



## INSTRUCTIONS

You are encouraged to read the **Higher Education Extension / Deferral of Assessment Guideline and the Medical Certificates Fact Sheet BEFORE** applying. These documents provide important information about supporting evidence, Medical Certificates and Medical Impact Statements.

**NOTE:** Incomplete applications will not be processed for consideration and if you miss your assessment due date, then you may be academically penalised for a late submission.

### HOW TO APPLY

- Complete this form in full, including all due dates;
- Obtain independent supporting documents (See the Guideline for examples);
- Submit the **completed** application with supporting documents to the Higher Education Administration Staff in the faculty or email to [Highered@tafeqld.edu.au](mailto:Highered@tafeqld.edu.au).
- Incomplete applications will not be processed.

## PART A: CONTACT AND COURSE DETAILS (PLEASE USE BLOCK LETTERS AND PRINT YOUR NAME IN FULL)

First Name		Last Name	
Student No.		Course Code:	

## PART B: ASSESSMENT DETAILS

Unit of study details: *(Please complete for each unit and assessment)*.

Unit Code	Unit Name	Assessment Task No.	Original Due Date	Type of Request:	
				Extension of assignment due date	Deferral of assessment (exam)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

## PART C: GROUNDS FOR REQUEST

<input type="checkbox"/> Serious illness, medical, injury or other health condition <input type="checkbox"/> Significant personal reasons <input type="checkbox"/> Significant family / social commitment reasons <input type="checkbox"/> Significant religious or cultural reasons <input type="checkbox"/> Student Sorry Business and Cultural Obligations <input type="checkbox"/> Sporting / defence force or emergency services commitments <input type="checkbox"/> Major political upheaval or natural disaster	<input type="checkbox"/> Significant employment related reasons <input type="checkbox"/> Academic difficulties <input type="checkbox"/> Serious illness of a close family member <input type="checkbox"/> Bereavement of close family member <input type="checkbox"/> Traumatic experience <input type="checkbox"/> Visa issues <input type="checkbox"/> Agent error <input type="checkbox"/> Other (please specify)
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## SUPPORTING EVIDENCE

Please list and attach your supporting evidence to your submission - Refer to the **Higher Education Extension / Deferral of Assessment Guideline** assistance in supplying the correct evidence. Provide any other comments as required below.

## STUDENT DECLARATION (Please read carefully)

I understand that the following may apply in regards to my application:

1. I may be required to provide additional documentation to support my application.
2. Where a Medical Certificate has been provided, the medical provider may be contacted to verify the certificate details.
3. I must retain a copy of this dated and signed declaration form as evidence of my submission.
4. False and/or misleading or deceptive information and conduct may result in a breach of the student rules.

If under the age of 18 years, this application must be signed by a parent/guardian.

Student Signature		Date	/	/
Parent/Guardian's Name (If student is under 18 years)		Signature:		Date: / /

## QUESTIONS & LODGING INSTRUCTIONS

Please contact the higher education administration officer at the campus where your course of study is delivered. This application form and any documentary evidence may be lodged in person to the higher education administration officer at the TAFE Queensland campus at which the course is delivered or by email to [Highered@tafeqld.edu.au](mailto:Highered@tafeqld.edu.au).

## NOTIFICATION OF OUTCOME

Once request has been submitted, it is directed to the Course Coordinator and the Dean Higher Education for review. You can normally expect a decision via email, within 5 working days. However, this may take longer where extensions to your period of study are required or where you have not completed this form correctly.

## APPROVALS

### ASSESSMENT EXTENSION / DEFERRAL - Unit Convenor Recommendation

Unit Code	Assessment Task No.	Original Due Date	New Due Date	Extension		Deferral	
				Recommend	Not recommended	Recommend	Not recommended
		/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:			Signature:			Date: / /	
Name:			Signature:			Date: / /	
Name:			Signature:			Date: / /	
Name:			Signature:			Date: / /	
Please provide feedback where a request is not recommended (Unit Convenor Name and Comment)							
Please provide details of any proposed penalty							

### ASSESSMENT EXTENSION / MID SEMESTER EXAM - Course Co-ordinator

(Within Close of Study, and Max 14 days extension period, regardless of medical certificate dates)

Unit Code	Assessment Task No.	Decision		Penalty		
		Approved	Not Approved	Approved	Other	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name:			Signature:			Date: / /
Please provide feedback where a request is not approved						

### ASSESSMENT EXTENSION / FINAL ASSESSMENT - Dean Higher Education

(Within Close of Study, and 14 days to four (4) weeks extension regardless of medical certificate dates)

Unit Code	Assessment Task No.	Decision		Comments Please provide feedback where a request is not approved or change of recommended date
		Approved	Not Approved	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Name:		Signature:		Date: / /

A request to defer an assessment/exam or extend an assignment due date **beyond the close of study and/or beyond 4 Weeks** of the original assessment due date requires additional approval as follows:

- Domestic student – Dean Higher Education; relevant regional Director of Faculty (Lead Product Region)
- International student - Dean Higher Education; relevant regional Director of Faculty (Lead Product Region), and the Regional General Manager (Lead Product Region).

## BEYOND CLOSE OF STUDY DECISIONS

Original Due Date: / /	New Due Date: / /	<input type="checkbox"/> Extension	<input type="checkbox"/> Deferral
Name: <i>Dean Higher Education</i>	Signature:	<input type="checkbox"/> Approved	/ /
		<input type="checkbox"/> Not approved	
Name: <i>Director of Faculty</i>	Signature:	<input type="checkbox"/> Approved	/ /
		<input type="checkbox"/> Not approved	
Name: <i>General Manager &lt;region&gt;</i>	Signature:	<input type="checkbox"/> Approved	/ /
		<input type="checkbox"/> Not approved	
International Student	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Academic penalty	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Please provide feedback where a request has been declined:			

## OFFICE USE

Approvals	Please ensure the correct approver is obtained.		
Date application received	/ /	Processed by:	
Receipt - Student Notified	/ /	Processed by:	
Outcome of application	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Not applicable (withdrawn)		
New Date (Extension)	/ /		
Date of decision	/ /		
Decision outcome - student advised	/ /	Method of notification	
Student record in SMS updated	<input type="checkbox"/> Yes <i>Note: A copy of this application must be placed on the student file.</i>		
Unit Convenor / Course Co-ordinator advised (as required)	<input type="checkbox"/> Yes / /		
Administration result applied	<input type="checkbox"/> Deferred Assessment (DA) <input type="checkbox"/> Incomplete Assessment (IA)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
International Office notification	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Processed by		Signature:	Date: / /
Comments			