

Higher Education Request for Deferral of Deferred Assessment Application - Form



INSTRUCTIONS

Deferring a previously approved deferred assessment task are only permissible in exceptional circumstances. Students are strongly advised to read the **Higher Education Request for Extension / Deferral of Assessment Guideline** **BEFORE** submitting this application.

Time Frames for application

Students who are prevented from attending a deferred assessment (such as an exam or practical demonstration) due to *exceptional* circumstances are to submit this application within three (3) working days of the date of the original deferred assessment task.

If the application is not approved and you do not attend the original deferred assessment task, you will be awarded zero marks for the assessment item.

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.
- Incomplete applications will not be processed.

You will receive an email outlining the action taken and outcome of your application

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		Assessment Task Name	
Original Due Date	/ /	Approved Deferred Due Date	/ /

Unit Code		Unit Name	
Assessment Task No		Assessment Task Name	
Original Due Date	/ /	Approved Deferred Due Date	/ /

<insert more if required>

PART C: GROUNDS FOR DEFERRING A PREVIOUSLY DEFERRED ASSESSMENT

Please provide relevant detail as to why you are unable to sit/attend a previously approved deferred assessment. You are required to provide evidence to support your claim and you may be asked to meet with Dean Higher Education to discuss your application.

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

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.

OFFICE USE

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 Not applicable (withdrawn)		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

APPROVALS

ASSESSMENT DEFERRED - WITHIN CLOSE OF STUDY - Dean Higher Education

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	New Due Date: / /	
Signature:		Date approved: / /
Please provide feedback where a request has been declined:		

A request to defer an assessment/exam due date **beyond the close of study** requires additional approval as follows:

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

ASSESSMENT DEFERRED BEYOND CLOSE OF STUDY

Original Due Date: / /	1st deferred date: / /	New Due Date: / /
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 <region></i>	Signature:	<input type="checkbox"/> Approved / / <input type="checkbox"/> Not Approved
International Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide feedback where a request has been declined:		