

REQUEST FOR EXTENSION



Use this form to **request an extension** of the due date for an assessment task. All requests for extensions are to be submitted prior to the original due date for the assessment task concerned.

You may request an extension of the due date for an assessment task to a date which is *prior to the end of semester*, or to a date which is *past the end of semester*. The date which is the end of semester is advertised on the CHC Calendar. Please note that, if you are in the final semester of your course, there are closing dates which apply to the submitting of results for graduation purposes. As such, requesting an extension past the end of semester may result in the delaying of your graduation.

Please send your completed form to your School Administration Officer at the address indicated at the bottom of this form.

The date of application is the date on which this form is received by CHC.

Once your request has been processed, this form will be returned to you. If an extension has been granted, you are to attach this form to the CHC Assignment Cover of the relevant assessment task. Assessment tasks which are submitted past the original due date without a completed *Request for Extension* form attached will be treated as late and penalties applied. Please consult your Student Handbook for information regarding the conditions regarding the granting of extensions and the application of penalties.

NAME AND CONTACT DETAILS

Name:	Address:
Title (Dr/Mr/Mrs/Ms/Miss/etc):	Street:
Family Name:	Suburb:
Given Names:	State: Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Preferred Given Name:	Phone: Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Student Number:	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DETAILS OF EXTENSION REQUESTED

Assessment Task Details (see the Unit Outline for the correct details):

Unit Code:	Unit Title:
Task Number:	Task Title:
Unit Lecturer:	Dean of School:

Details of Request:

Original Due Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Proposed Due Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
I am requesting an extension which is: <input type="checkbox"/> Prior to the end of semester	<input type="checkbox"/> Past the end of semester
Reason for Request: <input type="checkbox"/> Medical certificate (please attach)	<input type="checkbox"/> Major accident <input type="checkbox"/> Bereavement
<input type="checkbox"/> Serious personal difficulties	<input type="checkbox"/> Other (please specify):

Details:

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Signature: Date: / /

OFFICE USE ONLY	1. SCHOOL ADMIN	Request logged: Form distributed to Lecturer OR Dean	Initials	Date / /
	2. UNIT LECTURER or DEAN OF SCHOOL	Extension approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials	Date / /
		Extension granted to / /	Penalty to be applied <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. SCHOOL ADMIN	Extension recorded: Form returned to student	Initials	Date / /