

APPLICATION FOR EXTENSION OF PROGRESSIVE ASSESSMENT

- The applicant must read the *Guidelines for Late Submission of Progressive Assessment* (available on <http://www.uq.edu.au/myadvisor/>) prior to completing this application.
- This application must be lodged at the location and by the due date specified in Section 5.3 of the relevant Electronic Course Profile.
- Either a medical certificate or documentation to support exceptional circumstances **must** be attached to this application.
- Students with a chronic health condition are advised to seek assistance from a Disability Advisor at UQ Student Services (www.uq.edu.au/student-services/Disability).
- The revised due date cannot be later than two weeks prior to the grade lapse dates under General Award Rule 1A.20.6 (<http://www.uq.edu.au/myadvisor/university-rules>).

1. PERSONAL DETAILS

Title	<input type="text"/>	Given Names	<input type="text"/>	Family Name	<input type="text"/>
Student Number	<input type="text"/>		<input type="text"/>	Student Email *	<input type="text"/>
Daytime Telephone Number	<input type="text"/>		<input type="text"/>	Mobile Number	<input type="text"/>

* You will be advised of the outcome of this application via your student email.

2. REASON FOR APPLICATION FOR EXTENSION OF ASSESSMENT

Course Code and Title	Assessment Due Date	Type of Assessment (as listed the Electronic Course Profile)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I am unable to complete the assessment by the due date and would like to apply for an extension for medical reasons. Supporting medical documentation is attached.

I am unable to complete the assessment by the due date and would like to apply for an extension due to exceptional circumstances. A personal statement and all required supporting documentation is attached.

I declare that the information supplied herein is correct and complete and that the documentary evidence supporting this application is authentic. For an application on medical grounds, I confirm that the medical practitioner is not a near relative or close associate¹ of the undersigned. I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in disciplinary action.

Signature Date / /

3. OFFICE USE ONLY

All required documents received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date received	<input type="text"/>
Extension Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments	<input type="text"/>
Revised Due Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Student Notified	<input type="text"/>		
Coordinator/Program Director Notified	<input type="text"/>		
Signature	<input type="text"/>	Title/Name	<input type="text"/>
		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

¹ Examples of near relatives are partner, child, brother, sister, parent. Examples of close associates are close friends, neighbours and partners or children of colleagues.

MEDICAL CERTIFICATE

(If you are attaching a suitable medical certificate you do not need to complete this section)

I,, registered medical practitioner, certify that on the date¹ of I saw and examined

He/she states that their incapacity commenced on

I am of the opinion that he/she will be unfit for duty from tofor the reasons stated below (please print)²:

.....
.....
.....

On the basis of my diagnosis I certify to the existence of valid medical grounds which will prevent the candidate from submitting the assessment(s) due on³:

Declaration: I confirm that the patient is not a near relative or close associate⁴ of the undersigned medical practitioner.

Signature:

Date:

Practitioner Stamp:

- 1 If on more than one occasion, please state dates of all consultations.
- 2 Please insert a brief statement on the candidate's condition which can appropriately be made to assist consideration of the application.
- 3 If more than one due date, please state all dates.
- 4 Examples of near relatives are partner, child, brother, sister, parent. Examples of close associates are close friends, neighbours and partners or children of colleagues.

DECLARATION REGARDING EXCEPTIONAL CIRCUMSTANCES

(If you are attaching a declaration you do not need to complete this section. Any declaration should also include independent corroboration to support your case.)

I,, Student Number
of (address).....
sincerely declare that

.....
.....
.....
.....
.....
.....
.....

And I make this declaration conscientiously, believing the same to be true.

Signature:

Date: