



Assessment extension application

Students may request an Extension to the due date of an assessment application due to unexpected or extenuating circumstances (i.e. circumstances beyond your control).

Extension applications should be submitted prior to the due date. These requirements may be waived in extreme circumstances.

Applications must be submitted to Student Services and have supporting documentation attached.

Personal details

Full Name

Student ID

Phone Number

Email address

Reason for request

Describe the circumstances affecting your ability to complete your assessment by the due date. Please state if you have discussed your circumstances with the Student Support Manager

Supporting documentation provided

Please indicate the type/s of supporting documentation you have attached to this application.

- | | |
|--|--|
| <input type="checkbox"/> Letter or report from your treating health practitioner | <input type="checkbox"/> Letter from your Employer (on company letterhead) |
| <input type="checkbox"/> Police or victims of crime report | <input type="checkbox"/> Recommendation from teacher / staff-member. |
| <input type="checkbox"/> Letter or report from your treating counsellor/psychologist | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Court or legal documentation | |

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Unit information

Please list the unit/s and assessments affected by your unexpected or extenuating circumstances. Requests for extensions greater than 5 working days will only be considered in extreme circumstances.

Unit/Assessment Request 1

Unit Code		Unit Name	
Tutor Name		Class Day & Time	
Assessment - Name/Description			
Original Due Date		Expected Submission Date	

Unit/Assessment Request 2

Unit Code		Unit Name	
Tutor Name		Class Day & Time	
Assessment - Name/Description			
Original Due Date		Expected Submission Date	

Unit/Assessment Request 3

Unit Code		Unit Name	
Tutor Name		Class Day & Time	
Assessment - Name/Description			
Original Due Date		Expected Submission Date	

Unit/Assessment Request 4

Unit Code		Unit Name	
Tutor Name		Class Day & Time	
Assessment - Name/Description			
Original Due Date		Expected Submission Date	

Declaration

- I declare that to the best of my knowledge, the information I have supplied on this form is true and correct.
- I understand that applications are assessed on an individual basis and I will be notified by LCI Melbourne of the result.
- I have read and understood the relevant Assessment policy.
- I have attached the specified supporting documentation to this application.

Student Signature

Date