

APPLICATION FOR ASSESSMENT EXTENSION FORM



Please complete this application in BLOCK LETTERS

Assessment Extension Criteria	
Reason	Supporting Documentation
Student injury, illness or medical condition	<p>Signed statement on relevant official letterhead from a Medical Practitioner or other approved health professional registered by the relevant National Medical Board (www.medicalboard.gov.au).</p> <p>Medical statements from online services will not be accepted unless face to face consultation occurs or a previous practitioner-patient relationship exists in accordance with the AMA Medical Certificate Guidelines, revised 2016</p> <p>Medical statements from pharmacists are not acceptable.</p>
Family issues (e.g., family, injury, illness or bereavement)	<ul style="list-style-type: none"> • Death Certificate or funeral notice. • Police report or statement. • Any form of supporting documentation accepted under the student injury, illness or medical condition category listed above. • Statutory declaration outlining the relationship to the impacted family member if this is not evident without clarification.
Unavoidable and unexpected work commitments not opted into on a voluntary basis	<p>Signed statement on company letterhead from the employer supporting claims of unavoidable and unexpected work commitments, confirming that these were not opted into on a voluntary basis. For self-employed students, explicit detail explaining why work commitments are both unavoidable and unexpected must be provided.</p>
Other	Other reasons will be considered on a case-by-case basis.

Application Form

Student ID:

Given Name/s: Surname:

Student Email ID:

Contact Number:

Course Enrolled:

Unit Details

Unit Code: Unit Name:

Unit Convenor:

Assessment/s

Assessment Task Name	Due Date	Requested Due Date

I have submitted or am intending to submit an assessment extension application using the same supporting documentation/reasons to other units I am studying this study period. Yes No

Reason for Application *(attach additional document/s if required)*

Student Declaration

- I have attached supporting documentation that is in English and is relevant to the reason/s listed above for which I am seeking an extension.
- I acknowledge that failure to submit the application in a timely manner may impact upon the assessment process. For applications that are declined, this may have significant ramifications on the possible marks awarded for my assessment.
- If I have been declared medically unfit for a period of time, I am responsible for informing other areas of the AIA (including other units) where my illness may have a significant impact on my performance or on other people, for example going on a practical placement.
- I confirm that the information I have provided on this application including any support documentation is true and accurate to the best of my knowledge.

Student Signature:

Date:

Privacy Statement: Analytics Institute of Australia collects personal information about you for the purposes of administering your enrolment in your chosen education course(s) or unit(s) of study. We may not be able to process your request if you do not provide all the information requested on this form. We may disclose personal information about you in accordance with our Privacy Policy including to your education agent, and to the Australian government as required or authorised by law. Our Privacy Policy contains detailed information about how you can access and correct the personal information we hold about you or make a privacy complaint.