

## Discretionary Extension Application Form

## This form is applicable to Higher Education and VET students applying for an extension (maximum of five university working days past submission date) for one

assessment task. If you require extensions for more than one assessment task, or for longer than 5 university working days, or are applying within two (2) University working days of the submission due date, please submit the VET or HE *Special Consideration – General application form* and supporting documentation.

Personal Details			Study Details	
Fed Student ID No.		Title	Program Code	
Given name/s				
Family name			Program Name	
Telephone			Semester	
<b>NOTE:</b> Outcomes will be emailed to your Federation University Australia student email and a hard-copy sent to your postal address.			Campus	
Complete for the piece of assessment for which you are seeking a discretionary assessment:				
Course Code	Course Title		I Locturor/loocnor/irginor l	ssessment ue Date
	Assessment Task:			
Reason for your application: Please outline the reasons for applying for a discretionary assessment:				
Reason for your application: Ple	ase outline the reasons for applying for a discretion	nary assessment:		
			Note: If applicable, also documentation that ma your application includi limited to: medical cert assessment drafts or e progress, evidence of g difficulties.	ay support ing, but not tificate, evidence of
Student's own strategies: Please outline your plan to ensure you submit the assessment task in line with the revised submission date.				
Student Declaration				
I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information. I certify that to my knowledge, the information supplied on this form is true and correct. I am lodging this form <b>no later than two (2) university working days</b> prior to the due date of the assessment task.				
Name				
Signature		Date		ΥΥΥ
Office Use Only				
Approved?	new submission date:	/ Y Y Y Approved b	ру	
◯ No If no, r	easons for not approving:			
Teacher / Lecturer / Tra	iner / Assessor			
Name		Date		ΥΥΥ
Signature		Date studen notified		ΥΥΥΥ
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Authorised by: Academic Board Document Owner: Federation Universi Page 1 of 1	ty Australia: Health & Wellbeing	Original Issue:   17/10/2016     Current Version:   22/11/2019     Review Date:   01/07/2020	Univers	<b>ation</b> sity