

Application for Assignment Extension

GUIDELINES

Please complete and attach any documentary evidence if required (ie doctor's certificate). If students find they are unable to submit an assignment they should contact the Unit Coordinator prior to the due date to request an extension and provide An Application for Extension Form. If the assignment is not submitted on time and the explanation is unsatisfactory, the assignment is liable to be penalised. **The extension period will in no case exceed two weeks unless a formal application for special consideration has been lodged.**

- Extensions may be given by the Unit Coordinator for a maximum period of two weeks beyond the submission date. Students must complete the "Application for Extension" form, and send it to the Unit Coordinator prior to the due date of the assessment. Forms received after the due date will not be considered.
- Except where an extension has been approved for the submission of an assessment task by the Unit Coordinator, or in line with the Health Education and Training Institute Higher Education Special Consideration Policy, the following penalties will apply to the late submission of an assessment task:
 - a. A student who submits an assessment task after the due date for submission will be penalised by 5% per working day up to 10 days;
 - b. Assigned work that is not received by 5pm on the tenth working day (i.e. within two weeks) following the due date will be assigned a fail grade and the student will fail the unit. If the student wishes to complete the unit they will be required to re-sit the unit.
- When an extension date has not been met, the above penalties apply.

SECTION 1: STUDENT DETAILS

Title		Surname	
Given Names		Student ID	
Street Address			
Suburb		State	Postcode
Email:		Home Phone	Mobile
Course	<input type="checkbox"/> Applied Mental Health Studies		<input type="checkbox"/> Psychiatric Medicine

SECTION 2: UNIT & ASSESSMENT

Unit Code	Unit Name		
Assessment No	Assessment Name	Current Due Date	Requested Submission Date

SECTION 3: REASON FOR APPLICATION

Please explain in detail why you are applying for an extension on the submission date for the assessment task. Please attach any supporting documents to substantiate.

SECTION 4: DECLARATION

I hereby certify that the information provided in this application is true and correct. I have submitted the necessary documentary evidence in support of my application and acknowledge it is my responsibility to submit this application in sufficient time for processing prior to any census date.

Signature	Date
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OFFICE USE ONLY			
Date Application Received		Date forwarded to Course/Unit Co-ordinator	
Documentary evidence to support Application type submitted:		<input type="checkbox"/> Yes (attached)	<input type="checkbox"/> No
OUTCOME			
Assessment No.	Assessment Name	Approved/Denied	Date Now Due
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Unit Coordinator Signature			Date
Unit Education Support Officer Signature		Date Student Notified by Email	Date Entered in Database
Brief Comments:			

Save this form in your name and send together with supporting documentation to:

Email: applications@heti.edu.au Fax: 02 9840 3838

Post: HETI Higher Education, Locked Bag 7118, Parramatta BC NSW 2124

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