# Extension Request - Dean’s Extension

Please use this form if you need an extension of more than two weeks on a submission due date for a particular assessment task OR if you are applying after the due date.

If more than one extension is requested, please use a separate form for each task.

Please note that an incomplete form or missing evidence may result in your request being denied.

Please submit this form to the Academic Dean of the College offering the Unit.

|  |
| --- |
| **Student and unit details** |
| Student name |       | UD ID |       |
| Unit code |        |
| Unit name |        |
| Lecturer |       |
| **Extension request** |
| Assignment topic |       |
| Assignment no. |       | Original due date  |    /    /       |
| *Where appropriate include any additional documentation to support your request for an extension. Attach a scanned copy or photo. You will be notified if you need to provide original documents.* |
| Number of days for extension |    | New due date requested |    /    /      |
| Reason for extension application |       |
| [ ]  | Documentary evidence attached (e.g. medical certificate, statutory declaration) |
| **Declaration** |
| All information given to support this extension request is to the best of my knowledge correct and complete in every particular. |
| Name/signature |       | Date |    /    /      |
|  | *Type name for electronic submission* |

|  |
| --- |
| **Decision** |
| [ ]  | Extension approved | [ ]  | Reasonable grounds for granting the extension | [ ]  | No undue disadvantage or advantage to student |
| Revised due date |    /    /      |
| [ ]  | Request rejected | Reason not granted |       |
| Comments |       |
| Lecturer/Dean signature |       | Date |    /    /      |
| **Outcome record (office use only)** |
| Extension recorded and parties advised | Date |    /    /      | Signature  |       |
| Response advised to student  | Date |    /    /      | Signature |       |