

# REQUEST FOR EXTENSION

## WITHOUT ACADEMIC PENALTY



### **WHO SHOULD USE THIS FORM?**

All assessment items are expected to be submitted by the specified due date. Students enrolled in Faculty of Law Subject(s), who experience illness or unexpected circumstances beyond their control, may use this form to apply for a short-term extension of time without academic penalty. **Extensions may be granted for no more than one week.** Students whose studies are affected by long-term issues and require long-term extensions should submit an application for [Special Consideration](#).

Students living with a disability, ongoing medical or mental health condition, and require ongoing learning and assessment adjustments, should consult [UTS Accessibility Services](#).

Students with carer responsibilities should review the advice [here](#).

### **WHAT EVIDENCE DO I NEED TO PROVIDE?**

All students must supply supporting documentation as part of their application. Please refer to the [Faculty website](#) for acceptable forms of supporting documentation.

In addition, applicants must also supply a copy of the work completed to date on the assessment piece for which they are seeking an extension.

### **HOW DO I LODGE MY REQUEST?**

Students need to complete this form and email it to [law.extensions@uts.edu.au](mailto:law.extensions@uts.edu.au). Applications must be lodged in .pdf or .jpeg formats only. One application per assessment piece must be submitted.

### **WHEN DO I LODGE MY REQUEST?**

**For assignments due on weekdays:** Applications should be submitted by no later than 5pm, **TWO BUSINESS DAYS PRIOR** to the due date of the assessment.

**For assignments due on weekends:** Applications should be submitted by no later than 5pm, **THE THURSDAY PRIOR** to the due date of the assessment.

If your application is lodged after the above due dates and times, there is no guarantee you will receive the outcome before the due date of your assessment piece. If you do not receive the outcome before the assessment is due, do not email the Subject Coordinator to follow up. You should continue to work to submit when you can. You will be notified of the application outcome in due course. If it is successful, the relevant late penalty that would otherwise apply will be removed.

### **HOW WILL I BE NOTIFIED OF THE OUTCOME?**

An **email notification** with the outcome of your request will be sent to your UTS student email account.

| STUDENT DETAILS  |   |  |  |  |  |  |       |  |                     |
|--|---|--|--|--|--|--|-------|--|---------------------|
| Surname:   | Student number:   |  |  |  |  |  |       |  |                     |
| Given name(s):   | Mobile number:  |  |  |  |  |  |       |  |                     |
| UTS student email address:   |   |  |  |  |  |  |       |  | @student.uts.edu.au |
| SUBJECT DETAILS  |   |  |  |  |  |  |       |  |                     |
| Subject name:  | Subject number:   |  |  |  |  |  |       |  |                     |
| Year / Session:  | Assessment type:  |  |  |  |  |  |       |  |                     |
| Subject coordinator  | Assessment due date:  |  |  |  |  |  |       |  |                     |
| Reason for request:  | <b>Request extension until (specify date):</b><br>(No more than one week permitted) |  |  |  |  |  |       |  |                     |
| Additional comments:   |   |  |  |  |  |  |       |  |                     |
| STUDENT DECLARATION AND INFORMED CONSENT   |   |  |  |  |  |  |       |  |                     |
| <input type="checkbox"/> I have attached proof of the work I have completed so far (unless I am seeking an extension on the basis of being Covid positive).  |   |  |  |  |  |  |       |  |                     |
| <input type="checkbox"/> I have supplied appropriate supporting documentation.   |   |  |  |  |  |  |       |  |                     |
| <input type="checkbox"/> I attest to the accuracy and truthfulness of the information provided on this form.   |   |  |  |  |  |  |       |  |                     |
| <input type="checkbox"/> I understand and accept that a copy of my request form will be retained on file and may be accessed by other UTS Faculty of Law staff in reference to any other or future requests. |   |  |  |  |  |  |       |  |                     |
| <input type="checkbox"/> I will submit my application via email to <a href="mailto:law.extensions@uts.edu.au">law.extensions@uts.edu.au</a>  |   |  |  |  |  |  |       |  |                     |
| Student Name:  | Signature:  |  |  |  |  |  | Date: |  |                     |

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## PROFESSIONAL AUTHORITY SECTION

To be used as supporting evidence for students affected by illness or other cause, such as:

- Serious illness or psychological condition
- Loss or bereavement
- Hardship or trauma
- Involvement in active service, eg volunteer firefighter, Australian Defence Force reservist, jury duty

The **Professional Authority Certificate** is to be completed by a registered medical practitioner, psychologist, minister of religion, counsellor, authorised officer or otherwise appropriate professional.

## PROFESSIONAL AUTHORITY CERTIFICATE

**NB:** Your help in providing information about the student's illness or misadventure is appreciated. This will help the Faculty of Law to make a fair and informed assessment about the student's academic performance. The information you provide on this form will be used solely to assess this application.

**Student Name:**

**Date(s) of Consultation:**

Please indicate your evaluation of the severity, duration and effect on the student's ability to attend classes/ learn/ retain information and/or complete assessment requirements:

| SEVERITY ( <i>please tick where appropriate</i> ) | FROM ( <i>specify date</i> ): | TO ( <i>specify date</i> ): |
|---|-------------------------------|-----------------------------|
| Totally unable to study                           |                               |                             |
| Very severely affected                            |                               |                             |
| Severely affected                                 |                               |                             |
| Moderately affected                               |                               |                             |
| Slightly affected                                 |                               |                             |
| Unable to assess                                  |                               |                             |

## REMARKS

Nature of illness, symptoms, restrictions on capacity or functionality, and other relevant information (attach additional report or documentation if necessary):

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|  |
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## NOTES

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|  |
|  |

## PROFESSIONAL PRACTITIONER DETAILS

Name:

Stamp:

Professional Title:

Phone No:

Provider Number:

**I authorise the University of Technology Sydney to contact me or my office to confirm authenticity of this document.**

**Signature:**

**Date:**