



# MFTxx: Assessment Extension or Exam Deferral – Medical Reasons Form

## Instructions to Students

- In order to receive approval for an Assessment Extension or Exam Deferral (ie approval to complete an assessment task or submit an assignment at a later date or sit an exam on a different date) your application must satisfactorily demonstrate to the Course Coordinator that there are exceptional circumstances outside of your control that prevent you from completing the assessment task in the prescribed timeframe.
- All applications must be accompanied by relevant supporting documentation (i.e. medical certificate) appropriate to the circumstances and included as an attachment to this document.
- An application for Assessment Extension must be lodged with your Course Coordinator before the date or due date of the assessment task.
- You must read MITP13 Assessment and Reassessment Policy and Procedure before you submit this form.
- Use this form for Medical Reasons ONLY.

| Student name:  |           |                       |                           |                     |
|--|-----------|-----------------------|---------------------------|---------------------|
| Student ID:  |           |                       |                           |                     |
| Contact details:   |           |                       |                           |                     |
| Course Code & Title:   |           |                       |                           |                     |
| Assessment Details   |           |                       |                           |                     |
| Unit Code  | Unit Name | Assessment task name: | Assessment/Exam due date: | Requested due date: |
|  |           |                       |                           |                     |
|  |           |                       |                           |                     |
|  |           |                       |                           |                     |
|  |           |                       |                           |                     |
| Provide reasons for your request. (i.e. illness) and attach evidence document.   |           |                       |                           |                     |
| How has this affected you or your studies?   |           |                       |                           |                     |
| <p><b>Student Declaration:</b><br/>By signing this form, you are declaring that you have read and understand the information provided and that the information you have provided is accurate and true.</p> |           |                       |                           |                     |
| Signature  |           | Date:                 |                           |                     |

**Please return this form to the Institute with evidence documents**



| <b>ASSESSOR USE ONLY</b>  |           |                 |                            |                     |          |
|---|-----------|-----------------|----------------------------|---------------------|----------|
| Assessor Name:  |           |                 | Date Received by Assessor: |                     |          |
| Unit Code   | Unit Name | Assessment Task | Request granted            | Reason for decision | New date |
|   |           |                 |                            |                     |          |
|   |           |                 |                            |                     |          |
|   |           |                 |                            |                     |          |
| Additional comments including specific outcomes of the decisions. |           |                 |                            |                     |          |
| Signature:  |           |                 | Decision Date:             |                     |          |

| <b>OFFICE USE ONLY</b>            |  |               |  |
|-----------------------------------|--|---------------|--|
| Date Received from Student:       |  | Received By:  |  |
| Supporting Documents Received:    |  |               |  |
| Date Submitted to Assessor :      |  | Submitted By: |  |
| Date Received from Assessor:      |  | Received By:  |  |
| Date Outcome Informed to Student: |  | Informed By:  |  |