

Application for Deferred In-term Assessment for Transnational Students

This application excludes assessments scheduled in or after the final week of teaching.

Student Name:		Student Number:	
Email Address:			
Unit Code:		Unit Title:	
Assessment Type:	Teaching Period:	Campus:	

Please provide details of the circumstances which will prevent you from completing the scheduled assessment:

You must attach independent supporting documentation including a medical certificate if the application is on medical grounds.

PLEASE NOTE:

- Deferred in-term assessments **cannot** be deferred.
- Deferred assessments applications **will not be considered** if:
 - you did not attend the assessment because you misread the timetable, forgot, or slept in.
 - you cannot attend the assessment because it is during your working hours, unless you provide a supporting document showing that your employer has refused you leave.
 - you have planned a holiday or event during the teaching period which conflicts with your attendance requirements.

DECLARATION:

I hereby apply for Deferred Assessment. I authorise the University to discuss the supporting documents with the provider if necessary. I declare that the information in this application is true and correct to the best of my knowledge and understand that if any false or misleading information is provided in support of this application, it will be reported and actioned as necessary under the Student Integrity Regulations.

Signature: _____ Date: _____

This form must be submitted within three (3) University working days of the date of the in-term assessment. You will be advised of the outcome of this application by email.

UNIT COORDINATOR DECISION: Approved: Rejected:

Signature: _____ Date: _____