

## Student request for extension or special consideration form

*(This form relates to the TAFE NSW Higher Education assessment procedure)*

*This section is to be completed by the student.*

Student name: \_\_\_\_\_  
Student number: \_\_\_\_\_  
Course code & name: \_\_\_\_\_  
Subject code & name: \_\_\_\_\_  
Semester/Year: \_\_\_\_\_  
Teacher's name: \_\_\_\_\_  
Campus: \_\_\_\_\_  
Class /day/ time: \_\_\_\_\_  
Assessment title: \_\_\_\_\_  
Submission Due date: \_\_\_\_\_

***I am requesting:***

Special Consideration

\*Extension until \_\_\_\_\_

Provide reason/s for the request and attach supporting documentation (refer below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Supporting documentation:***

Professional Practitioner Certificate

This is a TAFE form and must be completed by a professional practitioner. The purpose of this form is to indicate the impact of your condition on your assessment. It does not require the disclosure of your medical condition. Professional practitioners include medical practitioners such as doctors, psychologists, dentists, TAFE counsellors, TAFE disability consultants.

Statutory Declaration

Other (Please Name) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Note that your requested extension date is subject to TAFE approval. Ensure that you submit your assessment by the approved extension date not your requested date.

***Return this form to the teacher or course coordinator at your campus.***

**Staff use only:**

Reason/s given are sufficient and supporting documentation has been attached YES / NO

Request has been granted YES

New due date: \_\_\_\_\_

Request has been granted NO

Reason / penalty information:

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Staff Name:

Position:

Staff Signature:

Date:

TAFE NSW Higher Education Assessment Procedure can be accessed at:  
<https://www.tafensw.edu.au/about/policies-procedures/higher-education>