

KING'S OWN INSTITUTE*

Success in Higher Education



APPLICATION FOR ASSIGNMENT EXTENSION OR DEFERRED EXAM - NON-MEDICAL REASONS

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STUDENT DETAILS	Student Number							Evide Attac			Yes No	Туј	oe:						
Family Name					Given Name(s	Given Name(s)													
Student Phone No Signature					Date: (dd/mm/yyyy)//														
Student Email																			
Subject Code and Name							Tutorial Day/T	me			Tutor Name								
Assessment/Exam Number & Name Assessment/Exam due date (dd/mm/yyyy)//																			
n order to receive	O Apply approval for ar	S OI as a assignme	tud ex ssig	ents cept gnme xtensi	may ional ent ex ion or	l ci xte exa		ces, buexam of this form	ut mu leferr must	st be al wi be co	e awa II be mplete	re th gran	at th ted.	ere is r	no g	uaran	tee	an	
emailed to acader The application muorevent you from servidence.	st satisfactorily	demonstr	ate 1	to the	Acad	em	ic Manager	that ther	e are	ехсер	tional								
A police repoA statutory d	uma – e.g. vict nce (original of ort eclaration or of pport from the (Ol policy, the	im of crime documents ther approp Counsellin	or s - r - r - r - r - r - r - r - r - r - r	severe no ph e doc nd Dis	e disru otoco umeni ability	ptio pie tatio Se	on to dome es are acce on (e.g. a mervices may	ptable) i edical ce also be	may ir ertifica include	te for ed wh	an ill r ere re	evant		the gran	ting :	an assi	gnm	ent	
routine deman		ent and em	ploy	yment	t-relate	ed t	travel	• ro	routine financial support needs										
difficulties adju	sting to univer	sity life, to t	he s	self-di	sciplir			• lad	lack of knowledge of requirements of academic work										
	study effectively and to the demands of academic work							difficulties with the English language difficulties with visa arrangements that could have been											
 stress or anxiety normally associated with examinations, assessment tasks or any aspect of course work planned events such as engagements and weddings 							reasonably anticipated												
DECLARA																			
I hereby apply Documentary I declare that Student Number	to be granted evidence in su	pport of n	ıy a rovi	pplica ided i	ation	is a ap	ttached. plication a				umen			rrect and	l com	nplete.	e.		
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OFFICE	USE ONLY	(Acade	m	ic M	lana	ge	er / auth	orised	per	son	to c	omp	olete)					
Date Received	// dd mm		Rec By	eived										vidence ttached		YES		NO	
Extension/Def			Ν	10			late extensi					/	/		•		•		
Authorised by	Academic Ma	nager (nan	ne)	Sig	natur		ou exalli a	proveu	Date	•		Lec	turer/	Tutor ad	vised	d (date	& m	ethod)	
Comments				<u> </u>					dd n	/	уууу	Stu	/ _y dent a	 Idvised (date	& meth	od)		

Statutory Declaration OATHS ACT 1900, NSW, NINTH SCHEDULE

l,		, of							
	[name of declarant]	[residence]							
do	hereby solemnly declare and affirm that								
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	[the facts to be stated according to the	e declarant's knowledge, belief, or information, severally]							
		er (or matters) aforesaid, according to the law in this behalf made – any wilfully false statement in any such declaration.							
De		on							
	[place]	[date]							
		[signature of declarant]							
in t	the presence of an authorised witness, who st								
ı		, a,							
.,	[name of authorised witness]	[qualification of authorised witness]							
cer	rtify the following matters concerning the ma	aking of this statutory declaration by the person who made it: $\it [*]$							
ple	ase cross out any text that does not apply]								
1.	*I saw the face of the person OR *I did no	saw the face of the person OR *I did not see the face of the person because the person was wearing a							
	ace covering, but I am satisfied that the person had a special justification for not removing the covering,								
	and								
2.	*I have known the person for at least 12 mon	nths OR *I have confirmed the person's identity using an identification							
	document and the document I relied on was								
		[describe identification document relied on]							
		(accessed second, second residue on)							
	[signature of authorised witness]	[date]							