

KING'S OWN INSTITUTE*

Success in Higher Education



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

I have com	pleted the Statutory	Declaration o	n page :	2 of this form.
and it has l	pleted the Statutory been witnessed by a	n appropriate	person	(see Note 2 on page 2).

Yes No

STUDENT DETAILS	Stude Numb										den ach		'es No	Ty	/pe:							
Family Name										Giver Name												
Student Signature						Pho	ne No)									Da (dd/	te: mm/y	ууу)	/.	/.	
Student Email																						
Subject Code and Name							Γutoria	l Day	/Time	1			Tutor's Name									
Assessment/Exam Number & Name																sessm ue Da d/mm		Exam)		 ./	/	

PLEASE NOTE: Mid-trimester and final exams: There will be ONLY ONE (1) deferred exam offered. Failure to attend may mean students are unable to complete (pass) the subject and will need to re-do the entire subject.

How to Apply

Students may apply for assignment extensions or exam deferrals under significant or exceptional circumstances, but must be aware that **there is no guarantee** an assignment extension or exam deferral will be granted.

In order to receive approval for an assignment extension or exam deferral this form must be completed and handed to KOI Reception OR emailed to academic@koi.edu.au within 3 working days of the assignment or exam date.

The application must satisfactorily demonstrate to the Academic Manager that there are exceptional circumstances outside of your control that prevent you from submitting the assignment or attending the exam on the due date, and be supported with original documents as supporting evidence.

Examples of the types of circumstances which may be considered include:

- Family issues (for example family injury, illness or bereavement etc.) of such significance that submitting the assignment on the due date/time or attending the exam on the original date/time is not possible
- Hardship/trauma e.g. victim of crime or severe disruption to domestic arrangements

Supporting Evidence (original documents - no photocopies are acceptable) may include:

- A police report
- · A statutory declaration or other appropriate documentation (e.g. a medical certificate for an ill relative)
- A letter of support from the Counselling and Disability Services may also be included where relevant.

Consistent with KOI policy, the following factors will NOT be regarded as suitable grounds for justifying the granting an assignment extension or exam deferral:

routine demands of employment and employment-related travel	routine financial support needs
difficulties adjusting to university life, to the self-discipline needed to	lack of knowledge of requirements of academic work
study effectively and to the demands of academic work	difficulties with the English language
stress or anxiety normally associated with examinations, assessment	difficulties with visa arrangements that could have been
tasks or any aspect of course work	reasonably anticipated
 planned events such as engagements and weddings 	

DECLARATION			
Documentary evidence in suppor	assignment extension / deferred exam for the above-let of my application is attached. The application is attached. I ave provided in this application and the attached doc	•	ete.
Student Number	Name (please print clearly)	Signature	Date://

OFFICE USE ONLY (Acad	emic	Manager / authorised	l person to c	omplete)			
Date Received		Receive	ed		Eviden	се	YES	NO
/dd mm yyyy		Ву			Attache	ed		
Extension/Deferral Granted	YES	NO	If Yes, date extension grants or deferred exam approved		//			
Authorised by Academic Manag	jer (nan	ne) Si	ignature	Date	Lecturer/Tutor	advise	ed (date & n	nethod)
				//dd mm yyyy	//dd mm yyyy			

Statutory Declaration

OATHS ACT 1900, NSW, NINTH SCHEDULE

[name of declarant]	[residence]
do hereby solemnly declare and affirm that	
	arant's knowledge, belief, or information, severally]
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and subject to the punishment by law provided for any water that does not apply. In ame of the person OR *I did not see the covering, but I am satisfied that the person had 2. *I have known the person for at least 12 months of the p	iffully false statement in any such declaration. [date] [signature of declarant] [qualification of authorised witness] of this statutory declaration by the person who made it: [** the face of the person because the person was wearing a face a special justification for not removing the covering, and OR *I have confirmed the person's identity using an identification.