

LAW SCHOOL ASSIGNMENT/EXERCISE EXTENSION APPLICATION

- ❖ All extension applications are due **PRIOR TO 4PM ON THE SPECIFIED DUE DATE** of the assignment.
- ❖ ***Applications received AFTER this time will NOT be considered***
- ❖ This form must be submitted with the appropriate supporting documentation via the following methods:
 1. **Level 4 reception area C Block**
 2. **Fax: 3138 1152**
 3. **E-mail: law.extensions@qut.edu.au**
- ❖ There is a minimum turn-around time of **twenty-four (24) hours** for processing of extension applications.

IMPORTANT PLEASE NOTE:

- ❖ Students should contact the Law School Reception on 3138 2707 **BEFORE the DUE DATE** to ascertain whether an extension has been approved.

MEDICAL GROUNDS

A medical practitioner MUST state that it is his or her opinion that the incapacity commenced on a particular date and statements indicating "he/she states" (or similar) will NOT be accepted.

An appropriate medical certificate **MUST** be attached. The medical certificate **MUST** be certified by a registered medical or dental practitioner and **MUST** state:

- (i) **the date on which the student was examined;**
- (ii) **the nature, severity and duration of the complaint;**
- (iii) **the practitioner's opinion of the effect on the student's ability to complete an assignment**

WORK

Students applying for an extension of time on the grounds of work commitments will only be granted an extension if the additional work was **UNEXPECTED OR UNAVOIDABLE**. The application **MUST** be accompanied by an appropriate letter from the employer and a Statutory Declaration.

OTHER GROUNDS

Other grounds - These will comprise extenuating circumstances beyond the student's control and will require the presentation of collaborative evidence. **A Statutory Declaration WILL be required to support the application.**

The following are **NOT** grounds for an extension:

- ❖ **inability to have an assignment typed by the due date;**
- ❖ **pressure of work**
- ❖ **disk failure or printer/computer failure**
- ❖ **inability to submit an assignment on time due to parking or traffic difficulties**
- ❖ **time management issues and having more than one piece of assessment due on the same date**

STUDENT NAME: _____

STUDENT NUMBER: _____

STUDENT E_MAIL: _____

SUBJECT: _____

DUE DATE: _____

EXTENSION REQUESTED UNTIL: _____

GROUP ASSIGNMENT: YES / NO (PLEASE CIRCLE)

GROUND(S) FOR EXTENSION (Please circle one):

1. Medical Grounds (**Medical documentation MUST accompany application**)
2. Other Grounds (**Supporting documentation and a Statutory Declaration MUST accompany application**)

- FOR FACULTY USE ONLY -

Extension Approved / Not Approved : _____

Extension Due Date: _____