Application for Deferred In-term Assessment



For Transnational Students

Excluding assessments scheduled in or after the final week of teaching.

This application must be submitted within 3 University working days of the date of the assessment.

Student Name:		Student Number:
Email address:		
Teaching Period:		Campus:
Unit Code:	Unit Title:	
Assessment Type:		
Please provide details of the circ	umstances which w	vill prevent you from completing the scheduled assessment:
medical grounds. DECLARATION: I hereby apply for Deferred in-te the provider if necessary. I declar	rm assessment. I au are that the informa If any false or misle	ation including a medical certificate if the application is on authorize the University to discuss the supporting documents with ation in this application is true and correct to the best of my ading information is provided in support of this application that I ipline Statute.
Signature		Date
You will be advised of the outcome	ne of this applicatio	on by email to the address you have recorded on MyInfo.
PLEASE NOTE: Deferred assessm	ents applications w	ill not be considered if:
you did not attend the a	assessment because	you misread the timetable, forgot, or slept in.
 you cannot attend the a document showing that 		it is during your working hours, unless you provide a supporting refused you leave.
you have planned a holid	day or event during	the teaching period which conflicts with your attendance requirements
Unit Coordinator feedback:		
	Approved	Rejected
Comments:		
Signature		Data