

Assessment Concession: Extension



**MANUKAU
INSTITUTE OF
TECHNOLOGY**
Te Whare Takiura o Manukau

This form is to be completed by a student when circumstances will prevent, or have prevented them from completing an assessment on time. This form is to be used if an extension of time more than five days is needed.

Some programmes, courses or assessments may be subject to restrictions or limitations. Check your programme information before filling in this form on the [MIT website](#).

Email the completed form to the course lecturer. Evidence must be attached.

Student details

Student ID Number

First Name

Last Name

Preferred Name

Email

Phone

Reason for Assessment Concession application

Due to personal circumstances beyond my control:

- I am/was unable to submit the assessment by the due date.
- I was unable to adequately prepare for an assessment.
- I was unable to attend an assessment on the day.
- I had to leave a test or assessment early.
- Other. Please provide more details:

Course Details

Programme

I am applying for an Assessment Concession for the following assessment:

Course Name	Course Code / number (e.g. FSTU 3942 or 234.567)	Lecturer	Date of assessment	Name of assessment	Date I believe I can complete this assessment

Assessment details

Explain what work you have completed so far for an assessment or what preparation you have done. Attach proof of preparation or completed work, for example scanned documents, screenshots or photos.

Statement of personal circumstances

Describe the personal circumstances that affected your ability to prepare adequately, or complete the assessment on time.

Type of evidence

Tick evidence I am attaching is (selecting one):

- Completing AC Health Professional form
 Medical Certificate
 Birth, death or court notice
 Other evidence

Details about your supporting evidence

Who is the evidence from? (eg. Doctor nurse, counsellor, hospital)

Person or organisation full name

Person or organisation email

Person or organisation phone number

Declaration

I declare that:

- The information I have provided is a true account of what happened.
- I will provide evidence to support this application.
- I give my consent for any relevant details to be shared with the appropriate MIT staff.

Date

Signature

(You can use an electronic signature)

When you have completed and signed this form, email it to your course lecturer/s. Attach your evidence to the email.

LECTURER TO COMPLETE

Outcome options: Approved/Pending/Declined

Course Name	Assessment name	Outcome	Reason	Due Date	Conditions