

EXTENSION OF TIME FOR EXAMINATION



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

Complete this form if you require extra time to complete an examination.

Please read the information and instructions below carefully before you complete the details.

INFORMATION

- Recommendation of Extension of time is solely at the discretion of Unit of Study lecturers and course coordinators, and can only be granted on the basis of the provision of documentary evidence supporting a valid reason for the extension of time.
- The Examinations office will assess each application and will advise you if the application is denied.
- **PLEASE NOTE** the recommended maximum additional time is **15 MINUTES**.

If English is your second language:

Extension of time may be granted if you are in the first two years of your enrolment at VU.

You need to provide the following:

1. Evidence that you arrived in Australia within the last five years from a non-English speaking country
2. Evidence that your immediate prior course of study was in a language other than English

In addition, course coordinators may require you to provide your ELICOS (English Language Intensive Courses for Overseas Students) results that were submitted with your application for entry into your course as an indicator of your English language proficiency.

If you have a disability or medical condition, you must register with Disability Services. Please see www.vu.edu.au/disability for details.

INSTRUCTIONS

1. Request the lecturers of the Unit(s) of Study where extra time is required to sign against their Unit of Study on the form
2. Submit the application, along with your supporting evidence, to your Faculty office for approval **at least 14 days prior to the commencement of the Examination period**
3. If your examination start time is earlier than the scheduled time, the Examinations office will notify you in writing of the new commencement and completion times

Please write in BLOCK LETTERS using a black or blue pen.

FAMILY NAME: _____ STUDENT ID: _____

GIVEN NAME: _____

CONTACT DETAILS

STREET NUMBER AND NAME: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

COUNTRY: _____ PHONE: _____

COURSE DETAILS

COURSE NAME: _____ STUDY YEAR/ PERIOD: _____

COURSE CODE: _____ LOCATION: _____

ARE YOU AN INTERNATIONAL STUDENT? NO YES

PLEASE NOTE: Have you changed your address? If so, please update your details on Student Connect or submit a Personal Details Amendment form

REASON FOR REQUEST (you must provide supporting documentation):

- English as a second language
- Medical condition or disability (see above)
- Other (please state): _____

PLEASE NOTE: YOUR LECTURER MUST SIGN AGAINST EACH UNIT BEFORE TAKING THE FORM TO YOUR FACULTY FOR APPROVAL

EXAM DATE	UNIT OF STUDY CODE	UNIT OF STUDY TITLE	EXTRA READING TIME REQUESTED	EXTRA READING TIME GRANTED	EXTRA WRITING TIME REQUESTED	EXTRA WRITING TIME GRANTED	SIGNATURE OF UOS LECTURER

