

**APPLICATION FOR MID TERM  
DEFERRED ASSESSMENT**

You must submit this form **no later than seven days** after the end of the formal assessment.

STUDENT ID

FAMILY NAME

GIVEN NAMES

EMAIL ADDRESS

COURSE \_\_\_\_\_ MAJOR \_\_\_\_\_

COURSE TITLE \_\_\_\_\_

**STUDY PACKAGE(S) IN WHICH DEFERRED ASSESSMENT IS REQUIRED**

Study Package number	Study Package Title	Partner Institute	Local Tutor Name	Curtin Lecturer Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby apply for deferred assessment in the above unit(s) as I did not complete the assessment requirements due to circumstances completely beyond my control. The grounds for my claim are set out overleaf (or attached and all supporting certificates and other documentation are attached.

**PLEASE STATE THE GROUNDS FOR YOUR APPLICATION IN THE SPACE PROVIDED OVERLEAF**

I certify that all the details are correct and complete.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>CURTIN UNIVERSITY USE ONLY</b>		
Compassionate <input type="checkbox"/>	<b>APPROVED</b> <input type="checkbox"/>	_____
Medical <input type="checkbox"/>	<b>NOT APPROVED</b> <input type="checkbox"/>	<b>UNIT CONTROLLER</b>
Psychological <input type="checkbox"/>		_____
Other <input type="checkbox"/> _____		<b>DATE</b>

