

Personal Details			
Student ID			
Surname			
Given Name			
Mobile			
Email			
Assessment Extension Request			
ICAN Learn teacher name			
Unit code & name			
Assessment original due date			
Assessment extension request date			
Reason for request			
Please provide more detail if reason requested is other			
Declaration			
<p>I understand that, if approved for an Assessment Extension, I must submit the assessment by the agreed date. I understand that it is my responsibility to ensure that all assessments are submitted by due dates.</p> <p>You may sign this form electronically provided you use an Adobe Certified Digital Signature. Otherwise a handwritten signature is required.</p>			
Student signature:		Date	
<p>Email your completed assessment extension request form to <a href="mailto:administration@icanlearn.edu.au">administration@icanlearn.edu.au</a></p> <p>Contact the ICAN Learn team at <a href="mailto:administration@icanlearn.edu.au">administration@icanlearn.edu.au</a> if you have any questions.</p>			