

ASSIGNMENT EXTENSION REQUEST FORM

This form should be completed if:

- A student is unable to complete an assignment on time

This form must be submitted to the Course Director in advance of the assignment deadline.

Student No:		Student Name:	
Course Code:		Course Title:	
Module Code:		Module Title:	
Due Date:		Lecturer:	
Assignment Title:			

Reasons for Application:

Please state below the reasons for seeking the assignment extension listed above. Supporting evidence (e.g. medical certificate, bereavement notice etc.) must be attached. Please use reverse of this sheet if additional space to explain reasons if required.

Student Signature: _____ Date: _____

FOR THE PROGRAMME COORDINATOR USE ONLY

Escalated to Course Director:

Approved: Yes No

New Due Date: _____

If Yes, Lecturer Notified: Yes No

Student Notified: Yes No