



## 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 Programme Leader in advance of the assignment deadline.**

<b>Student No:</b>	<b>Student Name:</b>
<b>Course Code:</b>	<b>Course Title:</b>
<b>Module Code:</b>	<b>Module Title:</b>
<b>Due Date:</b>	<b>Lecturer:</b>
<b>Assignment Title:</b>	

### 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.

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR THE PROGRAMME LEADER USE ONLY

**Approved:** Yes  No

**New Due Date:** \_\_\_\_\_

**Programme Leader Signature:** \_\_\_\_\_