

Assessment Extension Application

A completed application must be provided to the Head of Discipline at least 3 working days prior to the submission date.

Surname:	First name:
Unit title:	Lecturer:
Assessment Number and Title:	
Student Contact #:	Student Email:

Original due date:	Requested due date:
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Reason for Extension Request:

Provide details of reason for assessment extension request & attach evidence of extenuating circumstances if applicable (i.e. med cert)

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Comment by Head of Discipline:

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Agreed Due Date:

Student signature:	Date:
H.o.D signature:	Date: