

Application for assignment extension

Applications for extension must be submitted directly to the relevant Unit Examiner, and a copy of the receipt should be attached to your assignment upon submission. Requests based on medical grounds **MUST** be accompanied by a medical certificate.

FAMILY NAME (Block Letters)	STUDENT IDENTITY NUMBER	MAIN CAMPUS								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> </table>									
OTHER NAMES	CONTACT PHONE NUMBER / EMAIL ADDRESS									
UNIT CODE	UNIT TITLE									
TITLE/TOPIC OF ASSIGNMENT FOR WHICH EXTENDED TIME IS SOUGHT										
DUE DATE	NAME OF EXAMINER									
/ /										

Reason(s) for requesting an extension:

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.....

.....

Student's signature: Date:

...../...../.....

[Section to be completed by the Examiner]

<p>EXTENSION GRANTED</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>NOT GRANTED</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>UNTIL:/...../.....</p> <p>N.B. Extensions should normally be of the order of <u>two weeks</u> or less.</p> <p><u>Reason</u></p>
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INITIALS OF EXAMINER:

[if granted tear off the section below and return it to the applicant]

Approval of extension

STUDENTS NAME: UNIT CODE:

DETAILS OF WORK REQUIRED:

EXTENSION GRANTED UNTIL:/...../.....

EXAMINER'S SIGNATURE: DATE:

...../...../.....

Students **MUST** attach this Approval to the assignment when submitted.