



Application for Assignment Extension

Applications for Extension must be submitted directly to the relevant Lecturer/Tutor and a copy of the receipt should be attached to your assignment upon your submission. Requests based on medical grounds should be accompanied by a Medical Certificate.

ID NUMBER

GIVEN NAME

FAMILY NAME

SUBJECT CODE

SUBJECT TITLE

ASSIGNMENT TOPIC

DUE DATE:

LECTURER/TUTOR

REASON FOR EXTENSION

.....
.....
.....

Student's Signature:

Date:

**APPROVAL OF EXTENSION:
TO BE COMPLETED BY LECTURER:**

EXTENSION GRANTED:

YES

NO

Date:/...../.....

(extension should normally be two weeks or less)

STUDENTS NAME:

SUBJECT CODE:

DETAILS OF WORK REQUIRED:

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

LECTURERS SIGNATURE:

Date:/...../.....