

Faculty of Arts, Education & Human Development
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
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OTHER NAMES	CONTACT PHONE NUMBER / EMAIL ADDRESS	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
UNIT CODE	UNIT TITLE	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
TITLE/TOPIC OF ASSIGNMENT FOR WHICH EXTENDED TIME IS SOUGHT		
<input style="width:95%;" type="text"/>		
DUE DATE	NAME OF EXAMINER	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	

Reason(s) for requesting an extension:

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.....

.....

Student's signature: Date:/...../.....

[Section to be completed by the Examiner]

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

NOT GRANTED N.B. Extensions should normally be of the order of two weeks or less.

Reason

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.