



Faculty of Health, Engineering and Science

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 must be accompanied by supporting documentation, e.g., med cert, whenever possible.

FAMILY NAME (Block letters)	STUDENT ID NUMBER	MAIN CAMPUS
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

OTHER NAME	CONTACT PHONE NO. OR EMAIL ADDRESS
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

UNIT CODE	UNIT TITLE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

TITLE/TOPIC OF ASSIGNMENT FOR WHICH EXTENDED TIME IS SOUGHT

DUE DATE	NAME OF EXAMINER
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Reason(s) for requesting an extension:

.....

.....

.....

.....

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

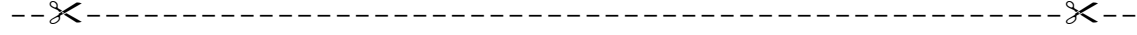
[Section to be completed by the Examiner]

EXTENSION GRANTED  UNTIL: ...../...../.....  
 N.B. Extensions should normally be of the order of two weeks or less.

NOT GRANTED  Reason: .....

EXAMINER: ..... DATE: ...../...../.....

[If extension granted, tear off section below and return it to the applicant.]



Approval of EXTENSION (If granted, student should attach this section to the assignment prior to submission)

STUDENT'S NAME:..... UNIT CODE: .....

DETAILS OF WORK REQUIRED:.....

EXTENSION GRANTED UNTIL: ...../...../..... EXAMINER'S SIGNATURE: .....DATE:...../...../.....