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: ........../......./.......