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

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]

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.