

Request for Extension



Complete this form to request an extension for one of the following reasons:

- owing to a case of illness, injury or exceptional circumstances you are unable to submit assessment work before the course end date
- owing to a timetabling clash for examinations/supervised assessments you need to take the examination(s) at an earlier or later time and/or date

Make this request as soon as possible and not later than 2 working days before the assessment due time and date.

Return to: Your tutor

1 PERSONAL INFORMATION

First or Given Name(s)

Surname or Family Name

Preferred Name

Student ID

NSN (if known)

Email

Home Phone or Mobile

2 DETAILS OF REQUEST

Assessment Title

Assessment Due Date

Course Code and Title (and class if needed)

Tutor

Programme Code and Title

School

I make this request for an extension in order to complete the assessment for the following reasons:

Attach supporting evidence (medical or other) if applicable

Proposed new time/date

Signature (please type name if completing digitally)

Date

Note: A1 - R1 Academic Statute 4.14 for who approves the application

OFFICE USE ONLY

Assessment now due:

Date (dd/mm/yy), Time (hh:mm am/pm)

Late submission is

- Approved
 Not approved
 Student notified of outcome
 Copy of form emailed to student

Reason for non-approval:

Approval Signature

Approval Name

Date