



Assignment Extension Request Form

Please complete ALL relevant items in Parts A and B.

Submit this application to the Deputy Academic Director ONE week before the assignment's due date.

Once approved, please place Part A in the Assignment box and attach PART B to the front of your assignment when submitting it.

PLEASE NOTE that extensions greater than ONE WEEK will not be given in other than exceptional circumstances. Extensions greater than one week and up to 4 weeks attract a penalty of 10%.

Extensions longer than 4 weeks may only gain a maximum of a 'Pass'.

PART A (place this part in the Assignment box)					
Name:			Class Code:		
Assignment Title:					
Due Date:			Proposed Submission Date:		
Number of assignment extensions requested this academic year (including this one). (tick) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>					
Reason(s) for extension request					
Please attach relevant documentation (e.g. Medical Certificate) and/or write on reverse if additional space required.					
Date:		Extension GRANTED		REJECTED	
By:	Name:	Position:			

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PART B (attach this part to the front of your assignment when you submit it)					
Name:			Class Code:		
Assignment Title:					
Proposed Submission Date:					
Date:		Extension GRANTED		REJECTED	
By:	Name:	Position:			