

Application for Extension

An extension of time is not applicable to all courses. Please check the relevant course information booklet. Applications for extensions must be lodged with the relevant Course Coordinator BEFORE the due date for the assessment and supported where appropriate by documentary evidence.

Part A: Personal details			
Student ID:			
Mr/Miss/Ms/Mrs:	First name(s):		
Family name:			
Date of birth:	Contact No:		
Program and course details:			
Program code:	Program title:		
Course code:	Course Title:		
Assignment no:	Assignment topic:		
Due date:	Tutor's name:		
Part B: Extension request			
Number of days for extension: New due date reques		ted:	
Reason for extension application (Where appropriate, supporting documentation is to be attached): Extension may be granted on medical, or compassionate grounds or special circumstances.			
Student signature:			Date:
Authorisation			
☐ Granted ☐ Refused ☐ Due date extended to am/pm on			
Course Coordinator signature: Date:			
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Part C: Academic staff member to complete where extension is granted. (This portion to be submitted with the assignment)			
Student ID:			
Student's full name:			
Course code: Course title:			
Assignment no: Assignment topic:			
Due date extended to am/pm on			
Course Coordinator signature: Date:			Date: