

APPLICATION FOR SHORT EXTENSION FOR SUBMISSION OF ASSESSABLE WORK



Applications for a short extension of time for submission of assessable work of five (5) working days or less from the original due date must be submitted directly to the relevant Unit Coordinator, and a copy of the receipt should be attached to your assessment upon submission. Documentary evidence must accompany this application (see Adjustments to Assessment Procedure).

1. PERSONAL DETAILS

FAMILY NAME (Block Letters)		STUDENT NUMBER	MAIN CAMPUS
<input type="text"/>		<input type="text"/>	<input type="text"/>
OTHER NAMES		CONTACT PHONE NUMBER / EMAIL ADDRESS	
<input type="text"/>		<input type="text"/>	
UNIT CODE	UNIT TITLE		
<input type="text"/>	<input type="text"/>		
TITLE/TOPIC OF ASSESSMENT FOR WHICH EXTENDED TIME IS SOUGHT			
<input type="text"/>			
DUE DATE	NAME OF UNIT COORDINATOR		
<input type="text"/>	<input type="text"/>		

2. REASON(S) FOR REQUESTING AN EXTENSION

.....

.....

.....

.....

Student's signature: Date:...../...../.....

[This section to be completed by the Unit Coordinator]		
EXTENSION GRANTED	UNTIL/...../..... N.B. Extensions will be five (5) working days or less
	REASON	
NOT GRANTED	REASON	
UNIT COORDINATOR INITIALS		

[if granted tear off the section below and return it to the applicant]

APPROVAL OF EXTENSION

STUDENT'S NAME:..... UNIT CODE:.....

DETAILS OF WORK REQUIRED:.....

EXTENSION GRANTED UNTIL:/...../.....

UNIT COORDINATOR'S SIGNATURE:.....

DATE:...../...../.....

Students MUST attach this Approval to the assignment when submitted.