



ASSIGNMENT EXTENSION REQUEST FORM

This form should be completed if:

- A student is unable to complete an assignment on time

This form must be submitted to the Programme Leader in advance of the assignment deadline.

Student No:	Student Name:
Course Code:	Course Title:
Module Code:	Module Title:
Due Date:	Lecturer:
Assignment Title:	

Reasons for Application:

Please state below the reasons for seeking the assignment extension listed above. Supporting evidence (e.g. medical certificate, bereavement notice etc.) must be attached.

Student Signature: _____ **Date:** _____

FOR THE PROGRAMME LEADER USE ONLY

Approved: Yes No

New Due Date: _____

Programme Leader Signature: _____