Please use this form when requesting an extension for academic work. Your extension request will not be assessed without the submission of this form.

### PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Name:</th>
<th>Student Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Contact Number:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

### EXTENSION DETAILS

<table>
<thead>
<tr>
<th>Course Name:</th>
<th>Course Convener:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Assessment for which extension is sought:  

Reason for request:  

Documentation attached:  
[ ] Medical Certificate  
[ ] Other (describe)  

Signature of Student:  
Date:  

### EXTENSION OUTCOME:  
(to be completed by the lecturer/tutor and returned electronically to the student)

Extension until  
(date) is granted  

Reason why extension granted/not granted (delete as appropriate):  

Signature of lecturer/tutor:  
Date:  

Note: This form will be retained by the course convener.