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

### EXTENSION DETAILS

<table>
<thead>
<tr>
<th>Course Name:</th>
<th>Course Convener:</th>
</tr>
</thead>
</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 (am/pm) on (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.*