



## Assessment Extension Request Form

Please complete ALL relevant items in Parts A and B.  
 Submit this application to the REGISTRAR ONE week before the assignment's due date.  
 Once approved, please place Part A in the Assignment box and attach PART B to the front of your assignment when submitting it.

**PLEASE NOTE** that extensions greater than ONE WEEK will not be given in other than exceptional circumstances. Extensions greater than one week must be supported by a medical certificate or written request. If this is not offered the student may only gain a maximum of a 'Pass'.

<b>PART A</b> (place this part in the Assignment box)					
Name:		Unit No.		Assessment No.	
Assessment Title:					
Due Date:			Proposed Submission Date:		
Number of assessment extensions requested this academic year (including this one).					
(tick) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>					
Reason (s) for extension request					
Please attach relevant documentation (eg. Medical Certificate) and/or write on reverse side if additional space required					
Date Requested:		Extension Granted:		YES/NO	Date Granted:
By: Name		Position:			

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<b>PART B</b> (attach this part to the front of your assessment when you submit it)					
Name:		Unit No.		Assessment No.	
Assessment Title:					
Proposed Submission Date:					
Date Requested:		Extension Granted:		YES/NO	Date Granted:
By: Name		Position:			