

Assignment Submission Extension request form

Student Name:	
ID Card Number:	
Course Name: Course	
Start Date:	
Module Title:	
Module Lecturer:	
Assignment Due Date:	
Assignment Question:	
Request Type:	Short extension (Less than 7 days) [No supporting documentation required]
	Long Extension (More than 7 days) [Supporting documentation required Refer to the Additional Details Section of this form]
	Personal health problems
Reason for Request:	Unexpected work commitments
	Family commitments
	Other extenuating circumstances

If "other extenuating circumstances" was selected above, please specify:

I declare that ALL of the information provided above is TRUE and CORRECT

Student signature		Date of application
FOR OFFICE USE ONLY		
Extension approved:	Yes	No
Reason:		
		Signature
Date of Decision		Signature



Additional Details

Supporting documents necessary for extensions requests longer than 7 days are as listed below:

Adverse Circumstances	Supporting Documentation
Personal Health Problems	 The date on which the student was examined The dates that the student's study was or will be impacted by illness
Unexpected work commitments	 Signed letter from employer or supervisor; or If self-employed, a statutory declaration;
Family commitments	A short explanation of the circumstances
Other extenuating circumstances	A form of corroborative document evidence such as funeral notice or police report