

## Request for Extension of Assessment Due Date

*Student must complete this table and submit the form to class lecturer*

Student Name	
Student ID	
Unit Name	
Unit Code	
Class Day and Time	
Lecturer Name	
Name of Assessment	
Reason(s) for Extension	
How Much Time Do You Require?	
Documentary Evidence Enclosed? (if relevant)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Unit Coordinator Use Only	
Date Received	
Outcome	<input type="checkbox"/> <b>Granted:</b> Submit assignment by: _____  <input type="checkbox"/> <b>Denied:</b> Submit assignment by <b>due date</b> .
Student Notified by Email	<input type="checkbox"/> <b>Date:</b> _____
Class Lecturer Notified	<input type="checkbox"/> <b>Date:</b> _____

**Unit Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_