

## Request for Extension of Assignment 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	
Assignment Number	
Reason(s) for Extension	
How Much Time Do You Require?	
Documentary Evidence Enclosed? (if relevant)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>

**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:** \_\_\_\_\_