

CINEMA STUDIES PROGRAM

APPLICATION FOR ESSAY EXTENSION

DATE: ..... STUDENT NAME: .....

UNIT NAME: ..... LECTURER/TUTOR'S NAME: .....

DATE ESSAY DUE: ..... TELEPHONE: .....

DATE TO WHICH EXTENSION REQUIRED: .....

REASON FOR WHICH EXTENSION IS SOUGHT

(Please attach a medical certificate or other relevant documents)

An extension is GRANTED/NOT GRANTED

LECTURER/TUTOR'S SIGNATURE: .....