Application for Extension of Assignment Submission Date

PART A: UNIT COORDINATOR COPY

Name: …………………………………………………………………… (Print)

Student Number: …………………………………………

Course: ……………………………………………………………………………………………………………

Unit code: …………… Unit name: ………………………………………………………………………………….

Assignment topic and number: …………………………..…… Due date: …/…/…….

Reason for the extension: ………………………………………………………………………………………………………

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…………………………………………………………………………………………………………………………… Extension requested until: …/…/…….

☐ I am asking for three days or less extension. The information I have provided is true and correct.

☐ I am asking for more than three but less than 21 days extension*. I have provided documentary
evidence (eg. medical certificate, statutory declaration) to support my claim.

Signature: …………………………………… (Student) Date: …/…/……

* Any request that exceeds 20 days, either accumulative or as a block, must be approved by the Course Coordinator.

Academic approval:

Approved / Not approved (Circle which is applicable) New due date: …/…/……

Signature: …………………………………… (Unit Coordinator) Date: …/…/……

PART A to be kept by Unit Coordinator

PART B: STUDENT COPY

* Please tear off and submit with your assignment

Student Name: ……………………………………… Student Number: ……………………………

Unit Code: …………… Unit Name: ………………………………………………………………………

Original due date: …/…/…… New due date: …/…/……

Unit Coordinator signature: ………………………………… Date: …/…/……