

MEDIA STUDIES PROGRAM

APPLICATION FOR ESSAY EXTENSION

DATE:.....

STUDENTS NAME:.....	COURSE/SUBJECT:.....
TUTORS NAME:.....	DATE ESSAY DUE:.....
PHONE NO:	DATE TO WHICH EXTENSION IS REQUIRED:.....

REASON FOR WHICH EXTENSION IS SOUGHT

(Please attach a medical certificate or other relevant documents)

An extension is GRANTED / NOT GRANTED

Tutor's Signature:.....