

# Application for extension to an assessment submission date



FACULTY OF HEALTH SCIENCES  
SCHOOL OF OCCUPATIONAL THERAPY

*Please refer to the instructions on the back of the page*

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Student Number :

Family Name: \_\_\_\_\_ Other Names : \_\_\_\_\_

### Reason for Application:

- Medical (Medical Certificate(s) must be attached)
- Non-medical (Supporting documentation, if any, must be attached)

Subject code for which consideration is sought :  O  C  T

Subject Coordinator: \_\_\_\_\_

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*Please provide a brief statement of the reason for requiring an extension including the duration of the extension required.*

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Signature of student: \_\_\_\_\_ Date:        /        /

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### OFFICE USE ONLY:

- extension approved
- extension not approved

Date of submission:  
                         /        /

Signature of Subject Coordinator: \_\_\_\_\_ Date:        /        /

## **INSTRUCTIONS:**

### **Who should submit this form?**

Students who are unable to submit assessment by the due date.

### **Where should this form be submitted?**

The form should be submitted in person to the Subject Coordinator.

### **When should this form be submitted?**

This form **MUST** be submitted prior to the due date of the assessment and must indicate the duration of the extension required and a proposed submission date.

### **What should be attached to this form?**

If there is any supporting documentation, such as medical certificates, these should be stapled to this form .