



APPLICATION FOR EXTENSION OF DATE OF SUBMITTED WORK

PLEASE PRINT CLEARLY USING BLACK INK

STUDENT NUMBER											
SURNAME:								GIVEN NAMES:			
COURSE:											
UNIT CODE	UNIT TITLE										
ASSIGNMENT TITLE:											
DUE DATE:											

NATURE OF / REASONS FOR, REQUEST FOR EXTENSION:

SIGNATURE OF STUDENT:		DATE:	

APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
NEW DUE DATE:			
Name of Lecturer (please print)			Contact Number
Lecturer's Signature:			Date:
Head/Coordinator of Dept (please print)			Contact Number
Head/Coordinator of Dept Signature:			Date: