Application for Extension of Time



It is the student's responsibility to prepare this form and make an appointment with the relevant tutor to discuss the application **PRIOR** to assessment due date.

A separate application is required for each assessment requiring an extension of time. Supporting documentation (e.g. medical certification, letter from counsellor, etc) <u>must</u> accompany this application.

- **Note 1:** If it is necessary for you to put your study on hold due to illness or unforeseen circumstances, and extension arrangements go beyond the end date of your current course of study, you will need to contact StudyLink if you receive a Student Loan and/or Student Allowance to make alternative benefit arrangements for that period.
- **Note 2:** Students are allowed a maximum of 6 weeks to complete an extension assessment.

Section A: St	adent to to	inpiete	7							
Family Name		First Names								
D	Tel. (day)					Mobile				
Email Address										
wish to apply for	an extension of	f time for the follo	wing assessr	nent:						
Course code		ourse Title		Assessment		Tutor		Original d	Original due date	
Reason:										
Section B: Tu	tor to com _l	<u>ole</u> te				•				
he above request	Į.	is supported b	y the tutor			has bee	n declined			
f request declined	, please give rea	ison(s)								
Proposed extende	d due date									
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Tutor Signature				Date						
- Assessment Result					7					
Assessment Result						_				
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For requests beyo	nd t <mark>he course er</mark>	nd date:			_	_				
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Academic Use Onl										
Supporting do			☐ Exten	sion enter	ed in Tr	ibal				
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Date		Tuto	or Signature							