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| **STUDENT TO COMPLETE AND SUBMIT TO THE LECTURER** |
| Student name in full |  |
| Student ID number |  | Date of this application |  |
| Unit code  |  | Unit Title |  |
| Assignment title |  |
| Lecturer’s name |  |
| Assignment original due date |  | New date requested |  |
| Outline the reason/s for your application for an extension *(Supporting documents are to be attached to this form)* |
|  |
| **LECTURER TO COMPLETE AND RETURN A COPY OF THIS FORM TO THE STUDENT** |
| Response to application for an extension *(Indicate either ‘approved’ or ‘not approved’)* |
| Approved | Not approved |
| New submission date (if approved) |  |
| Lecturer signature |  |