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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 | |  | | |