## Request for an Extension to an Assessed Coursework Deadline

Name:		Matriculation Number:	on	
Programme of Study:				
Modules for which extension is required:				
Date of Original Deadline:				
How many days extension are you requesting?				
Dates you were affected:	From: /	/	To: /	/
Give a brief descriptio	n of the circums	stances which	affected yo	ou:
Have you submitted ev	idence with this		es / No lelete as app	propriate)
The maximum extension (see Coursework Extension)		est will norma	lly be 40 we	rking days
may be exceptionally g			· ·	
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may be exceptionally g	ranted).	nt 6, for cases	· ·	
may be exceptionally g  Signature:	IATE APPROVA  request  st BUT only agree t	Date:	s where a lo	
Signature:  DDULE LEADER/DESIGN  GREE to the above extension green to the extension reque	IATE APPROVA  request  st BUT only agree t	Date:	s where a lo	nger period