

ASSIGNMENT EXTENSION REQUEST

Faculty Date Stamp

Faculty of Science and Technology

NAME:

ID NO: COURSE CODE:

UNIT CODE: CAMPUS: B/F/G/W ON/OFF :.....
(F = WATERFRONT CAMPUS)

UNIT NAME:

DATE WHEN ASSIGNMENT / PROJECT IS DUE:

NAME OF UNIT CHAIR / LECTURER / TUTOR:

NUMBER OF DAYS REQUIRED FOR THIS EXTENSION:

REASONS FOR EXTENSION:

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ATTACHED DOCUMENTARY EVIDENCE: YES NO

SIGNATURE OF STUDENT: DATE:

Notes:

Work submitted late without prior written approval will be penalised; Requests for an assignment extension will be granted in an exception only; Extensions are not given unless approved by the proper authority.

STAFF USE ONLY

APPROVAL GIVEN: YES NO

DATE STUDENT NOTIFIED:

NUMBER OF DAYS EXTENSION GIVEN:

NAME OF LECTURER:

DATE: SIGNATURE: