



# Request for Assessment Extension

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Family Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Given Name: \_\_\_\_\_ Course Enrolled: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

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## Assessment details

Due date of Assessment: \_\_\_\_\_

Subject name/ code: \_\_\_\_\_

Assessment type: \_\_\_\_\_

Weighting of Assessment: \_\_\_\_\_

Detailed description of extension request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supporting documentation attached      Yes       No

Student signature: \_\_\_\_\_

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## Office use only

Lecturer approval      Yes       No

Head of Program approval      Yes       No

Amended due date \_\_\_\_\_

Student advised \_\_\_\_\_