



Faculty of Architecture and Design

APPLICATION FOR EXTENSION OF TIME

(To be completed by student)

NAME OF STUDENT:

STUDENT ID:

EMAIL:

COURSE CODE:

ASSIGNMENT NAME:

TUTOR'S NAME:

DATE DUE:

PROPOSED HAND-IN DATE:(=___ days extension)

REASONS FOR REQUESTING EXTENSION:

.....

.....

EVIDENCE IN SUPPORT OF CLAIM (ATTACH):

I hereby apply for approval to submit the paper-work specified above on a date later than that specified in the Course Outline or assignment instruction for the paper without penalty for lateness.

I UNDERSTAND THAT UNTIL THIS FORM IS SIGNED BY THE COURSE COORDINATOR NO EXTENSION HAS BEEN GRANTED.

SIGNED:(Student)

.....

(To be completed by the Course Co-ordinator)

DATE RECEIVED:

DECISION: () Approved () Modified

() Not Approved () Days Extension Approved

REASON(S):

SIGNED:(Course Co-ordinator)

DATE:

[Copies of approval will be mailed to the applicant.]