



ASSIGNMENT EXTENSION REQUEST

Please complete all sections of this Assignment Extension Request application, save the form and submit it to your subject coordinator via email **no earlier than two working prior to, and not after the assignment due date.**

The submission of an application does not mean that the application has been approved. Supporting documentation (ie. Doctor's certificate) may be supplied to support your request.

The application will be assessed by the relevant subject coordinator and you will be notified of the outcome of the application via email.

Applications may not be submitted after the assignment due date.

Students seeking extensions for more than two weeks, or for a revised submission date beyond the date for the return of results, must apply for [Special Consideration](#), not an Assignment Extension Request.

Student ID Number:	Student Name:
Email Address:	
Subject Code:	Subject Name:
Assignment Name or Number:	
Subject Coordinator's name:	
Tutor's name:	
Assignment Due Date: <i>(applications may not be submitted after the due date)</i>	Is this a group assignment? Y N

Reason for requesting an extension

Number of days requested
(Maximum 10 business days)

Signature of Applicant

Date

Documentation attached (tick box)