



APPLICATION FOR AN EXTENSION TO COMPLETE ASSESSMENTS

Student Name: _____

Student ID Number: _____

Course: _____

Subject name: _____

Subject Code: _____

Assessment name/number: _____

Original due date: _____

Lecturer: _____

Reason(s) for extension (you must attach supporting documents where required):

Student signature: _____ **Date:** _____

Lecturer or HOS approval: _____ **Date:** _____

Extended due date: _____

Once you have approval from the lecturer or HOS, please submit this form to the Registrar on Level 18 for recording. The original form must be submitted with the assessment.

For Office Use Only

Student Services updated database (if applicable)

Signature: _____ Date: _____

Registrar updated PRISMS (if applicable)

Signature: _____ Date: _____

Lecturer to complete this section and forward to HOS for recording results.

Assessment graded by:

Lecturer name: _____

Signature: _____ Date: _____

Result: _____