## Application for Extension to or Exemption from Assignment



## **Application For Extension of Assignment Deadline**

Name:	Full-t	Full-time / Part-time Tu-We / Part-time Thu-Fr / Modul		
Assianment:	(please circle one) (e.g 'essay')			
	Lecturer:		Date Due:	
Reason for application and am	ount of extra time requeste	ed:		
Signed:	Date:	-		
FOR OFFICE USE:				
Date received:	Approved by:	New dea	adline:	
Date student informed:				
NOTES:				
	Full-t	Full-time / Part-time Tu-We / Part-time Thu-Fr / Modula (please circle one) (e.g 'essay')		
Subject:		Lecturer:	Date Due:	
Reason for application and am	ount of extra time requeste	ed:		
Signed:	Date:	_		
FOR OFFICE USE:				
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NOTES:				