



## REQUEST FOR COURSEWORK EXTENSION

**Section A** - To be completed by student when requesting an extension- Must be signed by the Module Leader

Person Number

Student Name: .....

Unit Code

Unit Title: .....

Name of Module Leader: ..... Due date: .....

Reason for application - Must be supported by documentary evidence e.g. medical certificate etc.

Signature of Student: ..... Date: .....

**Section B** - To be completed by the Module Leader and returned to the student.

Extension approved / not approved.

New submission date: .....

Name of Module Leader: .....

Signed: ..... Date: .....

Once authorised this form should be returned to the student, attached to the coursework submission and handed in at the Campus Centre.

Campus Centre Date Stamp  
  
Not valid unless stamped