

Nura Gili Extension Application

Never Stand Still

Nura Gili

Please use this form when requesting an extension for academic work. Your extension request will not be assessed without the submission of this form.

PERSONAL DETAILS	
Name:	Student Number:
Email:	Contact Number:

EXTENSION DETAILS	
Course Name:	Course Convener:
Assessment for which extension is sought:	
Reason for request:	
Documentation attached: <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Other (describe)	
Signature of Student:	Date:

EXTENSION OUTCOME: (to be completed by the lecturer/tutor and returned electronically to the student)	
Extension until	(am/pm) on (date) is granted
Reason why extension granted/not granted (delete as appropriate):	
Signature of lecturer/tutor:	Date:
<i>Note: This form will be retained by the course convener.</i>	