



# Nura Gili Extension Application

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:	

*Note: This form will be retained by the course convener.*