

Student Extension Request Claim Form

Student Reg. Number:

Full Name:

Course Title:

Module Title: *(if you are applying for mitigation for more than 1 assignment, please list each title below)*

Module Assignment Component – Breakdown: *(if you are applying for mitigation for more than 1 assignment, please list each title below)*

Official Date of Hand In:

1)

2)

3)

4)

5)

1st Submission

Re-submission (2nd Submission)

Details of extension request

Please provide details of the circumstances which you believe support your extension request:

Student's Signature**Date**

PLEASE SUBMIT THIS FORM TO YOUR MODULE TUTOR.

Approved Yes / No

DCD/ SCM signature:

Date: