



## Request For Assignment Extension & Variation to Examination Date

### Part A: To be completed by the student

Student \_\_\_\_\_ Year \_\_\_\_\_

Department \_\_\_\_\_ Subject \_\_\_\_\_

Teacher \_\_\_\_\_

Assignment / Examination \_\_\_\_\_

Reason for Extension

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Relevant documentation has been attached (e.g. medical certificate or parent/guardian's note)

Yes No

Student's Signature: .....

Parent/Guardian's Signature..... Date: ...../...../.....

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### Part B: Extension Approval – To be completed by Head of Department

An extension has been approved                      **YES**                      **NO**

The extension has been granted until \_\_\_\_\_

Head of Department Signature:.....Date:...../...../.....

**NOTE: THIS FORM MUST BE ATTACHED TO ASSIGNMENT WHEN IT IS SUBMITTED**