



Assignment Extension Request

PART A - to be completed by the Student:

Student Name:

ID No:

Paper Code/Title:

Assignment No.

Official Due Date:

Reason for Extension:

PART B - to be completed by the Paper Coordinator:

Medical Certificate sighted: YES NO N/A

Extension granted: YES NO

Assignment due date extended to: Date: Time:

Extension granted by the Paper Coordinator:

Name:

Signature:

Date:

When this form is completed and signed, students are required to:

- Provide a copy to the Paper Coordinator to keep on file; and,
- Staple a copy to the front page of your assignment when you submit it (in hard copy); or,
- Upload a copy and submit with your assignment (if submitting by distance).