

EXTENSION FORM

Academic year 2020/21

PLEASE CONTACT YOUR FACULTY STUDENT ADVISOR BEFORE COMPLETING THIS FORM

SECTION A – STUDENT DETAILS

Student ID: **P110088433** Full Name: **Kira Jane Ginger**

Course Title: **BA (Hons) Media Production**

Faculty: (please tick) AHSS ☐ B&L ☐ HEMS ☐ S&E ☐

SECTION B – ASSESSMENT DETAILS

Specify the module(s) AND relevant assessment element(s) for which you are requesting an extension

Module Code	Module Title	Assessment Element	Assessment Date	
			Original	New
MOD006843	Digital Media Production	010, 011	04/05/2021	18/05/2021
MOD00				
MOD00				
MOD00				
MOD00				

SECTION C – SHORT TERM EXTENSION DETAILS (please tick)

I am requesting a short term extension (up to 10 working days) for the following reason(s):

- ☒ personal illness
- ☐ short term illness of person for whom I have responsibility of care
- ☐ authorised absence during teaching weeks
- ☐ employment circumstances for which only short term notice was given
- ☐ other reasons considered acceptable by the Faculty Student Advisor (or the designated member of staff in a partner institution)

Details:

SECTION D – LONG TERM EXTENSION REQUEST DETAILS (please tick)

I am requesting a long term extension for the following reason(s):

SECTION E – AUTHORISATION

Signed A Flowers-Myland
FACULTY STUDENT ADVISOR

Date 22/04/2021

Countersigned _____
FACULTY MANAGER (where applicable)

Date _____

Additional Comments from Faculty Student Advisory/Faculty Manager: