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| **Extension Request Guidelines**  Requests must be submitted in writing to the course facilitator **at least 48 hours before the assessment deadline, excluding weekends**. This ensures sufficient time for the assessment of requests and timely communication regarding any approved extensions. The request must clearly set out what the reasons are and provide supporting evidence. No request will be accepted without sufficient evidence.  **The extension time limit is a maximum of one week following the due date.**  Students seeking extensions for more than 1 week may apply in writing to the Head of Department (‘HOD’) with evidence of their extenuating circumstances. The decision of the HOD is final.  **Extensions for exams** are generally not granted unless in extreme circumstances where the student is unable to attend the exam due to illness or circumstances beyond their control.  Requests for extensions on assessments, excluding exams, will be considered on a case-by-case basis. The programme coordinator or the course facilitator will inform the student of the outcome **within one working day** of receiving the request.  Where the student disagrees with the decision, they can refer their application to the HOD upon receipt of the decision, setting out their reasons and evidence in support. The HOD’s decision is final. | | |
| **To be completed by student** | | |
| **Course Name and code** |  | |
| **Lecturer’s Name** |  | |
| **Student’s Name** |  | |
| **Assessment Name/Number** |  | |
| **Assessment due date** |  | |
| **Date of application** |  | |
| **Explain the reason for the extension request:** | | |
| **List the supporting documents provided here (Should be submitted with this request form):** | | |
| **To be completed by the course lecturer** | | |
| **Date of receipt of extension request form:** | |  |
| **Approved / Not Approved (Select one)** | | |
| **Approved Extension Due Date** | |  |
| **Lecturer Signature** | |  |
| **Date** | |  |

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| **To be completed by the HOD for extensions over 1 week** | |
| **Date of receipt of extension request form:** |  |
| **Approved / Not Approved (Select one)** | |
| **Approved Extension Due Date** |  |
| **HOD Signature** |  |
| **Date** |  |