



## APPLICATION FOR EXTENSION OF DATE OF SUBMISSION OF SUBMITTED WORK

Form: SSC-115A\_09\_11

STUDENT NUMBER			
SURNAME/ FAMILY NAME		GIVEN NAME/S	
COURSE CODE			
UNIT CODE		DUE DATE	
UNIT TITLE			
ASSIGNMENT TITLE			

NATURE OF / REASONS FOR, REQUEST FOR EXTENSION:

SIGNATURE OF STUDENT		DATE	
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APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
NEW DUE DATE	
NAME OF LECTURER (please print)	CONTACT NUMBER
LECTURER'S SIGNATURE	DATE
HEAD/COORDINATOR OF DEPT (please print)	CONTACT NUMBER
HEAD/COORDINATOR OF DEPT – SIGNATURE	DATE