



THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

SCHOOL OF EDUCATION FREMANTLE

APPLICATION FOR AN EXTENSION OF WORK TO BE SUBMITTED

STUDENT TO COMPLETE

STUDENT ID: _____ NAME: _____

LECTURER/TUTOR NAME: _____

COURSE CODE & TITLE: _____

ASSIGNMENT TITLE: _____

DUE DATE: _____ PROPOSED NEW DATE: _____

REASON FOR REQUEST OF EXTENSION (RELEVANT SUPPORTING DOCUMENTS TO BE ATTACHED IF APPLICABLE)

LECTURER/TUTOR TO COMPLETE

NEW DATE OF: _____ APPROVED OR DENIED (please select)

ADJUSTED NEW DATE: _____

SIGNATURE OF LECTURER/TUTOR: _____ DATE: _____

*please email this to your lecturer or tutor and keep their reply email as your receipt