## APPLICATION FOR AN EXTENSION FOR WORK TO BE SUBMITTED



***This cannot be submitted on the assignment due date.***

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| **STUDENT DETAILS This Section Must Be Completed** |

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**Student Identification Number:**

**TITLE** e.g. Mr/Mrs/Ms **SURNAME/FAMILY NAME GIVEN NAME(S)**

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| **Academic Enabling & Support Centre** | | **Lecture/Tutor Name:** | |
| **Unit Code:** | | **Unit Code:** | |
| **Assignment Title:** | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  |   **Due Date:** | **Proposed New Date:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  | |

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| TICK THE REASON FOR REQUEST OF MODIFICATION (**relevant supporting documents must be attached**). | | | | | | | |
| Medical grounds |  | Misadventure |  | Compassionate grounds |  | Trauma |  |

*If your reasons do not fit the above, you cannot apply for an extension. You will need to make an appointment to see the Coordinator, Enabling Programs.*

*I understand in signing this request that it may be denied and accept that a 10% mark deduction per day (including weekends) will apply.*

SIGNATURE

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OF STUDENT: **Date (dd/mm/yyyy):**

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| To be completed by the COORDINATOR, Enabling ProgramS: | | | | | |
| APPROVED |  | DENIED |  | ADJUSTED |  |

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**NEW DUE DATE:**

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| **Coordinator, Enabling Programs**  **Signature:** |  | **Date:** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  | |

**Confirmation of this application will be emailed to the student’s NOTRE DAME email account. It is the student’s responsibility to check their email for the decision.**