

## Request for an Extension to an Assessed Coursework Deadline (RE1)

Name:	Matrio	culatio	n Num	ber:		
Programme of Study:						
Modules Code and Title:						
Number of working days requested:						
Dates you were affected:	From:	1	1	To:	/	1
Give a brief description of the circu	ımstance	s whi	ch affe	ected you	u:	
Explain how the situation affected your ability to work:						

The normal duration of an extension is up to **5 working days**. Exceptionally, a module leader may, at their discretion, grant up to 10 working days where the circumstances are severe or where the module has a value of more than 20 credits. You might be asked for supporting evidence in relation to a 10 working days extension (<u>Extenuating Circumstances</u>, <u>Extension and Deferrals Regulations</u>).

Signature:	Date:	
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Please submit this form to your **Module Leader** for consideration.

MODULE LEAD	ER/DESIGNATE APPROVAL			
I AGREE to the abo	ove extension request for working days.			
Evidence provided yes/no				
I DO NOT agree to the above extension				
NEW DEADLINE:	(dd/mm/yyyy)			
Signature:	Date: dd/mm/yyyy			