COURSE COORDINATOR’S EXTENSION APPLICATION

This form is to be used where a student seeks an extension of more than 14 days beyond the original due date, or where the proposed submission date falls after the final day of the examination period for the semester. Applications for extensions of 1 to 14 days, where the final due date falls on or before the final day of the examination period for the semester, may be granted by the lecturer. A Course Coordinator’s Extension application must be applied for in advance of the original due date, or the extended due date where a Lecturer’s Extension has already been granted. A Course Coordinator’s Extension may not normally be granted for more than 28 days.

Student name ________________________________

Email ________________________________

Unit name ________________________________

Unit code ________________________________

Lecturer/s ________________________________

Assignment title ________________________________

Original due date ________ Proposed due date ________

Reason for extension ____________________________________________________________________________

__________________________________________________________________________________________

Please provide evidence to the Course Coordinator to support your application for an extension (e.g. medical certificate, letter from counsellor).

COURSE COORDINATOR’s Response

Please forward this response to the student, lecturer and TCTS Registrar

Request Approved ☐ Request Denied ☐

Final due date ________________

Comments __________________________________________________________________________________

__________________________________________________________________________________________

Course Coordinator’s signature ____________________________ Date ____________