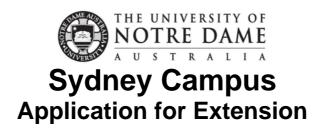


Student ID Numbe	r:		
Student Name	e :		
Address			
		Postcod	le:
Contact Phone Numbers	: Home:	Mobile:	
Notre Dame E-ma			
Address	S:		
UNIT CODE AND LECTU	RER:		
ASSIGNMENT TITLE AN	D ORIGINAL DUE DA	TE:	
It is the student's responsibility to contact their			
lecturer (by email) for confirmation of this application.			
Reason for extension:			
Attach additional page	•	nedical related, student M	UST attach a medical
Plaasa na	00.0	ificate. PPLICATION for an extens	sion only
		to an immediate granted	-
Student's Signature:		·	
		Date:	
Lecturers Signature:	□ DENIED	NEW DUE	
		DATE:	
	- ADDDOVED		i
OFFICE COMMENTS	□ APPROVED		



Extensions to assignments are governed by the General Regulations and policies of the College involved. As a minimum the application needs to be in writing and approved by the lecturer. Some Schools, such as Law, require that the applications be approved by the Dean or Assistant Dean.

The Student

If a student wishes to apply for an extension the student must

- Email the lecturer who is responsible for the assignment and request consideration for an extension
- Fill out an application for extension form available from:
 - o the website or
 - o the reception desk on Level One
- Take the completed form to Reception

The Lecturer

The lecturer responsibilities in this process are:

- Respond to the student's email request for an extension
- Receive the completed hard copy application form
- If required consult with the Dean/Assistant Dean of the appropriate School
- Communicate to the student regarding the decision and
- Return the form to Reception on Level One