ASSIGNMENT EXTENSION FORM

The information on this form is collected for the primary purpose of maintaining your assignment submission record correctly. Other purposes of collection include ensuring that your assignment is accepted, you receive the marks that you deserve. If you choose not to complete all the questions on this form, it may not be possible for the School to process your form (resulting in possible loss of marks for you) or contact you in the case of a problem. Personal information will be disclosed to no one except Monash staff. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.

Part A – Retained by Lecturer

Unit Code: _______________________________ Campus: __________________________________
Unit Title: __________________________________________________________________________
Lecturer: __________________________________________________________________________
Assignment number: __________________ Due Date: ______________________________________

Personal Details:

Student ID Number: _________________________________________________________________
Title: ____ First Name: _______________________ Last Name: ______________________________
Ph number: (   ) ______________________ Email: _________________________________________

Reason for extension: (Attach medical certificate or other documentation)

Date submitted: _________________ Requested Due Date: _________________________________
Lecturer’s comments:

Part B – Returned to student (copy to be attached to assignment when submitted)

CAULFIELD SCHOOL OF INFORMATION TECHNOLOGY
EXTENSION ACKNOWLEDGEMENT SLIP

Unit Code: _______________________________ Campus: __________________________________
Unit Title: __________________________________________________________________________
Lecturer: __________________________________________________________________________
Student ID Number: _________________________________________________________________
Title: _____ First Name: _______________________ Last Name: ___________________________
Assignment number: __________________ Due Date: ______________________________________

Extension:      Granted / Not Granted            Approved new date: ____________________________

Lecturer’s signature: ____________________________ Date: ____________________________