



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)

CLAYTON 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: \_\_\_\_\_