

Presentation Delivery Extension request form

Student Name:		
ID Card Number:		
Course Name:		
Course Start Date:		
Module Title:		
Module Lecturer:		
Presentation Due Date:		
Presentation Question:		
Request Type:		ension (Less than 7 days) orting documentation required]
	[Supporting	ension (More than 7 days) ng documentation required ne Additional Details Section of this form]
	Personal health problems	
Reason for Request:	Unexpected work commitments	
	Family commitments	
	Other exte	enuating circumstances
If "other extenuating circumst	tances" was se	elected above, please specify:
I declare that ALL of the informatio	on provided abo	ve is TRUE and CORRECT
Student signature		Date of application
FOR OFFICE USE ONLY		
Extension approved:	Yes	No
Reason:		
Date of Decision		 Signature



Additional Details

Supporting documents necessary for extensions requests longer than 7 days are as listed below:

Adverse Circumstances	Supporting Documentation
Personal Health Problems	The date on which the student was examined The dates that the student's study was or will be impacted by illness
Unexpected work commitments	Signed letter from employer or supervisor; or If self-employed, a statutory declaration;
Family commitments	A short explanation of the circumstances
Other extenuating circumstances	A form of corroborative document evidence such as funeral notice or police report