

Department of Linguistics and Applied Linguistics

School of Languages
THE UNIVERSITY OF MELBOURNE

Request for an Essay/Assignment Extension

Name of Lecturer/Tutor
Name of Student:
Student ID: Course:
Address:
Phone No: (BH)(AH)
Assignment No: Name of Assignment:
.....
.....
Date requested for Submission of Assignment:
Reasons for Requesting an Extension: (<i>Attach Medical Certificate or other supporting evidence</i>)
.....
.....
.....
.....
Student's Signature:
Date:

APPROVAL TO SUBMIT AN ASSIGNMENT AFTER:

.....

Approval is granted for:
To submit:
On or before:
Lecturer's/Tutor's Signature:
Date:
<i>(Please submit this portion with your assignment)</i>