

EXTENSION REQUEST FORM
DUBLIN INSTITUTE OF DESIGN



PART A – PERSONAL INFORMATION

Name

Email Address

Course of Study

Full Time/Part Time

Day/Evening

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PART B – LEARNER MESSAGE

Please indicate the Project & Deadline for which you require the extension;

Project: _____

Unit/Module Code (indicated on assignment brief): _____

Deadline: _____

Please outline the circumstances outside your control for which you require an extension

Please attach support documentation (Medical Certificate etc.) to this form. Part C must be completed by the assessing lecturer. The signed form must be submitted by the learner to Registrar's office no later than **one week** before the assignment deadline.

PART C – LECTURER AGREEMENT

I agree that the above learner should be granted an extension of no more than one week for the aforementioned project. I will submit grading to Registrar's office by the allocated deadline. I have made arrangements to accept the work from the learner, or have nominated an alternate staff member to act on my behalf.

Signed: _____ Date: _____

Proposed Submission Date: _____ Method of submission: _____

PART D – REGISTRAR'S OFFICE USE ONLY

RECEIVED BY: _____

Extension: Granted

 Denied Reason _____

Signature: _____

Date: _____