

School of Education  
UNIVERSITY OF TASMANIA  
APPLICATION FOR EXTENSION OF ASSIGNMENT TIME

This form must be **completed in DUPLICATE**.

When an extension is granted, *one copy of the completed form is to be attached to the assignment when completed.*

The *second copy should be filed in the School of Education Office **by the Lecturer.***

ATTENTION (Lecturer/Tutor Name): \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ YEAR: \_\_\_\_\_

UNIT NO.: \_\_\_\_\_ UNIT NAME: \_\_\_\_\_

TITLE/DESCRIPTION OF ASSIGNMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DUE DATE: \_\_\_\_\_

I wish to apply for an extension of time until: \_\_\_\_\_

REASON FOR EXTENSION (Attach documents if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**For Lecturer's Use Only**

I have granted an extension of time for the above assignment, which must be submitted to me on or before: \_\_\_\_\_

Lecturer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_