



MODULE	NAME OF STUDENT (PRINT CLEARLY)		STUDENT ID. NO.
	SURNAME	FIRST NAME	
TODAY'S DATE			
Reason for Extension:			
Due Date:			
Requested Due Date:		Signature of Student:	
Approved Extended Date:		Approved by:	

**Extension requests will be considered on the following guidelines;**

- Requests must be at least one week prior to due date
- Requests will only be considered with a reasonable cause; workload is not a justifiable cause
- Extensions will only be granted up to a maximum of two weeks past the original due date
- It is the students responsibility to ensure that all assessments are uploaded to the LMS by the due dates

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**ONLINE EXTENSION REQUEST RECEIPT**

To be completed by the Paramount College staff

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APPROVED BY		APPROVED DATE