##### **Centre for Development of Academic Skills (CeDAS)**

**PRE-SESSIONAL ENGLISH LANGUAGE PROGRAMME**

**ASSESSED WORK EXTENSION FORM**

Please note that extension to the deadline for assessed work can **only** be granted by Mr Gerard Clough or Ms Silke Placzeck. Extensions must be requested at least two working days before the submission deadline. Please see your student handbook for further details.

**STUDENT NUMBER: .................................................................................................**

**NAME: .......................................….………………………………………………………..**

**NAME OF COURSE: …...........................………………………………………………….**

**TITLE OF ASSESSED WORK: ………………………………………………………….………**

**…………………………………………………………………………………………...…......**

**NAME OF TUTOR/MARKER: .........................................................................................**

**DUE DATE: …...............................................................................................................**

**Extension request due to (tick relevant box):**

 medical circumstances (a note from a suitably qualified medical practitioner will be required)

 psychological circumstances (a note from a suitably qualified psychologist or educational psychiatrist will be required)

 other personal circumstances (you will be required to provide a signed statement)

Signed: ……………………………..… Date: …………………………………

**Office Use**

Documentary evidence provided: Yes No

Extension agreed until: ………………………............................................……

Staff signature: ………………………………………………………………………

Staff name: …………………………………...... Date: ……………………………………