BISHOP GROSSETESTE UNIVERSITY

**REQUEST FOR AN EXTENSION TO THE DATE OF SUBMISSION FOR AN ASSESSED ASSIGNMENT**

**TO BE COMPLETED BY THE STUDENT**

This section must be completed and the form returned with corroborating evidence to [extensions@bishopg.ac.uk](mailto:extensions@bishopg.ac.uk). Requests for extensions will only be considered if presented before the published date for submission.

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| BGU ID NUMBER: |  |
| FULL NAME (Please print) |  |

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| PROGRAMME |  | | SUBJECT  (if applicable) |  |
| MODULE CODE |  | MODULE TITLE |  | |

|  |  |
| --- | --- |
| FULL TITLE OF ASSIGNMENT |  |
| PUBLISHED DATE AND TIME OF SUBMISSION | |

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| REQUESTED DATE OF SUBMISSION  Note: If your extension requested is approved it will be granted for 14 days. | |
| EXTENUATING CIRCUMSTANCES  You should provide an account of the circumstances that you wish to be considered. Your application will be treated in strict confidence. | |
| CORROBORATING EVIDENCE  You should attach corroborating evidence securely to this form and provide brief details of the attachments here. You should note that requests cannot normally be considered without corroborating evidence from a third party. | |
| SIGNATURE |  |
| DATE |  |

On completion the form should be submitted to [**extensions@bishopg.ac.uk**](mailto:extensions@bishopg.ac.uk).