**COURSEWORK**

**EXTENSION REQUEST**

 **Updated: 2022 Academic year: 2022/23**

## If, through illness or other serious difficulty, you think you will be unable to meet the deadline for coursework summative submission, you should use this form to make a request for an extension.

## If approved, the Student Advisor will sign the form and provide you with a copy.

## **You must attach this to the assignment when you submit it for marking.** This provides the marking tutor with proof that the assignment result should not be capped.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student ID:** |  | **Full Name:** |  |
|  |
| **Course Title**:  |  |

##

**EXTENSION REQUEST DETAILS:**

Reason for extension request:

|  |  |
| --- | --- |
| [ ]   | personal short-term illness |
| [ ]   | short term illness of person for whom I have responsibility of care  |
| [ ]   | employment circumstances for which only short term notice was given |
|[ ]  bereavement - death of close relative/significant other (which in an employment context would have led to a period of compassionate leave) |
|[ ]  authorised absence during teaching weeks |
| [ ]   | other reasons considered acceptable by Faculty Student Advisor |

Please note that all requests will be treated in confidence. If your request is of a particularly private or sensitive nature and you do not wish to record it here, please speak in confidence to a Student Advisor or provide a covering letter marked “Strictly Confidential”.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ASSESSMENT DETAILS:** Specify the module(s) AND relevant assessment element(s) for which you are requesting an extension:

|  |  |  |  |
| --- | --- | --- | --- |
| **MODULE CODE** | **MODULE TITLE** | **ASSESSMENT ELEMENT****(e.g. 010)** | **DUE DATE**  |
| **ORIGINAL** | **NEW****(STAFF INPUT)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Please continue on an additional sheet if required.* |

**IMPACT STATEMENT:**

In your own words, write a statement explaining the impact your specific circumstances have had on your ability to meet the assessment deadline. Provide as much information as possible.

|  |
| --- |
|  |

**REFLECTION STATEMENT:**

Now, please explain what you have done, or are doing currently to mitigate the circumstances impacting on your ability to meet a deadline(s). For example, have you attended study skills sessions, tutorials, spoken to a member of UCP staff, to your doctor?

|  |
| --- |
|  |

**EVIDENCE TO SUPPORT REQUEST:**

Student Advisors require evidence from you to support extension requests, especially if you are regularly seeking multiple short-term extensions. Please list the evidence which you will be able to provide, for example, doctor’s certificate, or letter from an employer, death certificate, etc.

**All evidence must be provided to Student Support at the point of application and before the original submission deadline, otherwise we cannot process the request.**

List of evidence:

|  |
| --- |
|  |

**Disclaimer:** By signing this document, I can confirm that I agree to the recording, sharing and storage of personal information. This information is only used to support my studies and ongoing registration. I have read and understood the privacy notice made available by Student Support, which is also available at the website on: <https://www.ucp.ac.uk/privacy-and-cookies/>

|  |  |
| --- | --- |
|  **Signature of student:** |  |
|  |  |
| **Date:** |  |

**EXTENSION AUTHORISATION:**

[ ]  Extension Granted

[ ]  Extension Rejected for the following reason(s):

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Student Advisor Signature:** |  |

|  |  |
| --- | --- |
| **Name (in block letters):** |  |
|  |  |  |
| **Date**: |  |  |