**CENTRE FOR THE DEVELOPMENT OF ACADEMIC SKILLS**

**ASSESSED WORK EXTENSION FORM**

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

**CANDIDATE 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: ……………………………………*