

# Extension Application Form

THE SCHOOL OF PHYSIOTHERAPY  
Faculty of Medicine, Dentistry and Health Sciences



Applications for an extension must be completed, signed and dated by the student, and submitted to the Subject Coordinator **at least one week prior to the due date.**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Subject Name: \_\_\_\_\_

Subject Number: \_\_\_\_\_

Assignment / Title: \_\_\_\_\_

Due Date: \_\_\_\_\_

Reason for Extension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Due Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

## Subject Coordinator to Complete

Request Approved / Not Approved: \_\_\_\_\_

Revised Due Date: \_\_\_\_\_

Name of Subject Coordinator: \_\_\_\_\_

Signature of Subject Coordinator: \_\_\_\_\_

Dated: \_\_\_\_\_