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| Request for Extension Form  *Please complete this form in BLOCK CAPITALS and pass to your Director of Studies*   |  |  |  |  | | --- | --- | --- | --- | | **Full Name:** |  | | | | **Department or School:** |  | **Student Registration Number:** |  | | **Course Title:** |  | **Course Code:** |  | | **Course Stage (if known):** |  | **Your Year of Study:** |  |   *Units for which you are requesting an assessment extension to be considered. Please list the original deadline for the unit’s assessment and the deadline you are requesting as an extension. Please note, we cannot guarantee to offer your requested extension deadline but it will inform decision-making.*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Unit Code** | **Unit Name** | | **Original Deadline** | | **Requested Extension Deadline**  (please note, this is only indicative of your request and cannot be guaranteed) | | |  |  | |  | |  | | |  |  | |  | |  | | |  |  | |  | |  | | |  |  | |  | |  | | |  |  | |  | |  | | |  |  | |  | |  | | | **Please give a brief description of the circumstances affecting your ability to meet your assessment deadline in any units listed above, and why you have requested the specific length of extension, using additional pages if required:** | | | | | | | |  | | | | | | | | **Please state the type of supporting evidence you are providing (using additional pages if required):** | | | | | | | |  | | | | | | | | **Signature of Student:** | |  | | **Date:** | |  |   **The information you provide will be treated in accordance with the** [**University’s Data Protection statement for student registration**](https://www.bath.ac.uk/guides/data-protection-statement-for-student-registration)**.**   |  |  |  |  | | --- | --- | --- | --- | | *Office Use only* | | | | | **Date received by the Department or School:** |  | **Authorised Signature:** |  | |

*Last update: July 2023*