

Appendix 2: Coursework extension request form

Request for Extension Form



UNIVERSITY OF
BATH

Please complete this form in **BLOCK CAPITALS** and pass to your Director of Studies

Department/School: *	
Full Name:	Student Registration Number:
Programme Title:	Programme Code:
Programme Stage (if known):	Your Year of Study:
<i>Units to be considered</i>	
Unit Code	Unit Name
Circumstances (please give a brief description including the impacts on your assessments, using additional pages if required):	
Please state the type of supporting evidence you are providing (using additional pages if required):	
Signature of Student:	Date:

* Delete as appropriate

Office Use only

Date received by the Department/School:	Authorised Signature:
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