CENTRE FOR LANGUAGES, CULTURE & COMMUNICATION
EXTENSION REQUEST FORM

Please note that pressure of work is **not** a valid reason for requesting an extension.

Name __________________________  Year (1, 2, 3 etc.) ________

Department ____________________  College User name ________

Imperial Horizons Course __________________________________________

Imperial Horizons Name of Lecturer __________________________________

**Reason for extension (please tick appropriate box)**

- [ ] Illness: Medical certificate attached (must indicate how long you were ill for)
- [ ] Illness: Medical certificate to follow (must indicate how long you were ill for)
- [ ] Personal problem of which your personal tutor is aware
- [ ] Other (please explain)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Office use only:

Date received ________________

Consultation with department Y / N

Extension agreed Y / N

Length ________________________

Revised Deadline ______________

Date lecturer informed __________

Date student informed __________

Notes: