Imperial College London

CENTRE FOR LANGUAGES, CULTURE & COMMUNICATION

EXTENSION REQUEST FORM

Please note that pressure of work is <u>not</u> 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: