CHANGE MAKERS EXTENSION REQUEST FORM

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

Name __________________________________________

Year (1, 2, 3 etc.) __________

Home department _______________________________

College username and CID ________________ ________________

Imperial Horizons Module _________________________________________________

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 lecturer is aware

□ Other (please explain)

_________________________________________________________________________________

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_________________________________________________________________________________

Please email your completed form to: horizons.changemakers@imperial.ac.uk

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Office use only

Date received ______________

Consultation with department Y / N

Extension agreed Y / N

Revised Deadline ______________

Date lecturer informed ______________ Date student informed ______________