



AUSTRALIAN CENTRE

Application for Extension of Time for Written Work

NAME

STUDENT NUMBER:

CONTACT PHONE NUMBER:

EMAIL ADDRESS:

NAME OF SUBJECT:

NAME OF TUTOR:

TUTORIAL TIME AND DAY:

DUE DATE:

REASON(S) FOR APPLICATION: *(Please attach supporting documentation, if any).*

• If this extension application is for the final essay of this subject you **MUST** also complete an application for Special Consideration. **NO EXTENSION CAN BE GRANTED FOR A FINAL ESSAY WITHOUT SPECIAL CONSIDERATION BEING LODGED AS WELL.** The web address for the lodgement of Special Consideration is <http://www.arts.unimelb.edu.au/courses/sc/>

AUTHORISATION:

Approved YES NO New Submission Date _____

Signature _____ Date _____

Tutor/Lecturer in Charge (for Head of Department)

This approved application is to be attached to your essay when you submit it