



## Masters extension request

Please submit a timeline for completion for **all** extension requests.

If requesting an extension in excess of the 21 days (no fees) please also provide a statement outlining the reasons for the request.

Student Name		ID Number	
Paper code		# of previous extensions	

Current due date			
Extension request	<input type="checkbox"/> 3 weeks (no fees)	<input type="checkbox"/> .... weeks	
Requested due date			
Signature of student			

### Supervisor

Please advise whether you support granting above extension  Yes  No

Comments: .....

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Signature: ..... Date: .....

### Head of School

Please advise whether you support granting above extension  Yes  No

Signature: ..... Date: .....

### Associate Dean Postgraduate

Please advise whether you support granting above extension  Yes  No

Comments: .....

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Signature: ..... Date: .....

Dr Justine Kingsbury

Associate Dean (Postgraduate)