



**SCHOOL OF MANAGEMENT**  
*University of South Australia*

**REQUEST FOR 7-DAY EXTENSION TO ASSIGNMENT DUE DATE**

Student name:	
Student ID number:	
Course code:	
Academic staff member:	
Assignment number:	
Assignment due date:	
7-day extension:	

Reason: (if due to illness, attach medical certificate)

---

---

---

---

---

---

---

---

Signed:	Date:
---------	-------

Date received  
(Office use only)

--	--