



**REQUEST FOR EXTENSION TO ASSIGNMENT DUE DATE**

<b>Student name:</b>	
<b>ID number:</b>	
<b>Course:</b>	
<b>Course Coordinator:</b>	
<b>Assignment number:</b>	
<b>Assignment due date:</b>	
<b>Number of days extension required:</b>	

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

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Received by: _____ Date: _____