**Extension request form (Assignment / Practice)**

You must complete a separate form for each module or practice placement, with details of the element for which an extension is claimed. Please complete the form in full and submit to the Module Leader along with the relevant documentary evidence within a maximum of 2 working days following the submission deadline.

Refer to our [Mitigating Circumstances](https://bucks.ac.uk/students/academicadvice/assessment-and-examination/exceptional-circumstances) pages for a link to the full process. You may also wish to seek advice and guidance from the Registry Officer, the SU Advice Centre, or the Disability Service.

***You are strongly recommended to contact the Students Union Advice Centre whom will be able to support and advice you in making a claim for an extension or mitigating circumstances.***

You can contact the SU advice Centre at either the High Wycombe or Uxbridge Campus advice centres. For information about services and opening times, see [www.bucksstudentsunion.org/support/advice](http://www.bucksstudentsunion.org/support/advice), email [suadvice@bucks.ac.uk](mailto:suadvice@bucks.ac.uk) or call 01494 603 016.

# Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | | |
| **First name:** |  | | |
| **Student ID:** |  | | |
| **Email address:** |  | | |
| **Contact Telephone:** |  | | |
| **Date of claim:** |  | | |
| **Are you registered with the University’s Disability Service?** | | **Yes** | **No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Detail the modules/examinations affected by the claimed mitigating circumstances** | | | | |
| **Course of Study:** | |  | | |
| **Module code** | **Module or Placement title** | | **Assessment submission date** | **Assessment Type eg CW, Exam** |
|  |  | |  |  |

|  |  |
| --- | --- |
| **Details of date/s of circumstances relating to this extension request** | |
| **Start date/s** | **End date/s** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Reason for the request** | | |
|  | | |
| **Documentary evidence supplied**  **List all of the evidence you have supplied. It is your responsibility to ensure that the evidence provided is relevant. Refer to the procedure for information on confidential claims.** | | |
| **1** |  |  | |
| **2** |  |  | |
| **3** |  |  | |

# For office use only – to be completed by the Module Leader

|  |  |  |  |
| --- | --- | --- | --- |
| **Decision by Module Leader** | | | |
| **Surname:** | |  | |
| **First name:** | |  | |
| **Date:** | |  | |
|  | **Indicate one box below** |  | |
| **Accepted** |  | **New date for submission** |  |
| **Rejected:**  **No evidence supplied** |  | **Your request has been rejected as no evidence was supplied. You may submit the request again within 5 working days with evidence attached** | |
| **Rejected** |  | **Reason for rejection:** | |