

CENTRE FOR LANGUAGES, CULTURE AND COMMUNICATION

EXTENSION REQUEST FORM

Please note that pressure of work is not a valid reason for requesting an extension.

Name _____ Year (1, 2, 3 etc.) _____

Home department _____ College user name _____

Imperial Horizons Course _____

Date of assessment / submission deadline _____

Imperial Horizons Name of Lecturer _____

Reason for extension (please tick appropriate box)

- Illness: Medical certificate attached (must indicate how long you were ill for)
- Illness: Medical certificate to follow (must indicate how long you were ill for)
- Personal problem of which your personal tutor is aware
- Other (please explain)

Please email your completed form to: horizonsexams@imperial.ac.uk

Office use only

Date received _____
Consultation with department Y / N
Extension agreed Y / N
Length _____
Revised Deadline _____
Date lecturer informed _____
Date student informed _____

Notes: