

GRADUATE PROGRAM IN LAW

POSTGRADUATE REQUEST FOR EXTENSION OF TIME TO SUBMIT ASSIGNMENT

This form is only to be used by those students who have already received the maximum extension allowable from their lecturer.

Student Name: _____ Student No. _____

Email address: _____ Fax: _____

Phone No. Day: _____ Evening: _____

Course Name: _____

Course Code: _____ Semester: _____

Convenor/Lecturer: _____

Due Date of Assignment: _____

Period of Extension sought: _____

Reason Extension sought: _____

Does the course Convenor/Lecturer support this request? _____ yes no (please circle one)

Has the Director, Postgraduate Coursework Program previously granted you an extension for this unit? yes no

If yes please indicate dates: _____

Please email or fax the completed request form to the Postgraduate Administrator:

Email: pgadmin.law@anu.edu.au

Fax: 02 6125 3971

FOR INTERNAL USE ONLY

Director Graduate Program in Law

Extension is granted until: _____

Signature: _____ Date: _____