**Application for Extension / Extenuating Circumstances**

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| --- | --- | --- | --- |
| Learner |  | | |
| Course |  | Tutor / Assessor |  |
| Unit(s) |  | Submission date |  |
| Assignment Title: |  | | |

Please indicate why this form is being completed by highlighting one of the following:

1. Explanation for absence from an examination / assessment
2. Claim for extenuating circumstances to be taken into account when an assessment has been attempted
3. Request for extension to assessment deadline

Details

Evidence to support this application

Extenuating circumstances valid Yes / No New submission date:

If not valid – actions to be taken

|  |  |  |  |
| --- | --- | --- | --- |
| Tutor / Assessor  signature |  | Date |  |
| Learner signature |  | Date |  |