

## COURSE WORK EXTENSION

### REQUEST FORM

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE SCHOOL OF LAW, TEACHING OFFICE - Room 194 (a)(1)

**PLEASE PRINT CLEARLY**

<b>Name:</b>	<b>Matric No:</b>	<b>Exam No:</b>
<b>Email address:</b>  This section must be completed as you will be notified by email if the extension has been granted.		<b>Director of Studies:</b>
<b>Law course name:</b>	<b>Title of course work:</b>	<b>Due date of submission:</b>
<b>Reason for extension request:</b>		
<b>Length of extension requested by student:</b>		
<b>This section to be completed by the Chairman of Examiners</b>		
<b>Extension granted YES / NO (please circle)</b>		
<b>Date course work to be submitted:</b>		
<b>Signature:</b>	<b>Date:</b>	