**FILM & SCREEN MEDIA**

UNIVERSITY COLLEGE CORK

**REQUEST FOR EXTENSION**

All requests for extensions must be detailed on this form. Please submit to the **Film and Screen Media Administrator**, Ms Linda Murphy [lindapmurphy@ucc.ie](mailto:lindapmurphy@ucc.ie) **and** to the **Teaching and Learning Officer**, Mr. Dan O’Connell [danieloconnell@ucc.ie](mailto:danieloconnell@ucc.ie)**.** Please also inform your lecturer of any late submission request.

In general, applications should be made **before the submission date**. Extensions without loss of marks will normally **only be allowed where there is a relevant medical certificate or written evidence of other significant difficulties** that have interrupted work.

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | |  | **Student Number:** | |  | |
| ­ **Telephone:** | |  | **UCC Email:** | |  | |
| **Module(s) for which extension is requested:** | | | Module Code: | |  | |
| Module Title: | |  | |
| **Essay due for submission on** (specify date): | | |  | | | |
| **Extension Length** (maximum of 2 weeks): | | |  | | | |
| **Lecturer/Course Leader:** | | |  | | | |
| **Have you consulted with your lecturer about this extension request?** (Y / N): | | | | | |  |
| **Please state your reason for requesting an extension** (please indicate how long of an extension is required): | | | | | | |
| **FOR OFFICE USE** | | | | | | |
| (Tick or Y as appropriate) | | | (Tick or Y as appropriate) | | | |
|  | **Approved** | |  | **Refused** | | |
|  | New date for submission: | |  | | | |
|  | Appropriate documentation on file. | | Received on: | | | |
|  | Subject to receipt of appropriate medical certificate | | | | | |
|  | Subject to receipt of other supporting documentation | | | | | |

**Staff Signature: Date:**