**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 **and** to the **Teaching and Learning Officer**, Mr. Dan O’Connell 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:**