

UNITED FACULTY OF THEOLOGY
APPLICATION FOR ASSIGNMENT EXTENSION OF TIME
Extensions of Time must be applied for before the due date.

Unit/Subject Teacher:

Unit/Subject Number:**Name:**.....

Assignment Title:

Due Date:

From:

Student Name:**Telephone No:**

Reason/s for Late Submission Request:

.....
.....

Contact No.:

Date: **Student Signature:**.....

Request Approved *Request Denied*

Agreed Date of Extension **Lecturer:**

Students please tear off at perforated line and return to the UFT Office

To: UFT OFFICE

Date: **Student Name:**

Unit / Subject Number: Assignment Title:

Request Approved *Request Denied*

Agreed Date of Extension**Lecturer:**