**Coursework Extension Application Form**

(Please return completed form to[**courseworkextensions@cii.co.uk**](mailto:courseworkextensions@cii.co.uk)**)**

1. **Personal Details**

**Please provide your CII/PFS permanent identity number (PIN)**

**Mr/Mrs/Miss/Ms/Other** **Surname/Family name**

**Forename/Given name(s)**

**Date of birth**

**Address**

**Post code** **Country**

**Tel**

**Email**

1. **Reason for Application**

Please refer to [**www.cii.co.uk/qualifications/assessment-information/coursework-policies**](http://www.cii.co.uk/qualifications/assessment-information/coursework-policies)to check that your circumstances qualify before submitting your application.

Does this application relate to your health? Yes No

* Please provide full details below

Does this application relate to personal circumstances? Yes No

* Please provide full details below

Other, please provide full details below Yes No

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1. **Supporting Documentary Evidence**

If you are applying for an extension to your coursework submission date on medical grounds you are required to submit evidence from your doctor/specialist to support your request.

**Applications without verifiable evidence will not be considered.**

Evidence attached Yes or No

1. **Details of Extension Required** (Please complete as applicable)

|  |  |
| --- | --- |
| **Unit Code and Title** |  |
| **Date requesting Course Enrolment extension to** |  |

|  |  |
| --- | --- |
| **Assignment 1** |  |
| **Date requesting extension to** |  |
| **Assignment 2** |  |
| **Date requesting extension to** |  |
| **Assignment 3** |  |
| **Date requesting extension to** |  |

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| **Date requesting Course Enrolment extension to** |  |

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| **Assignment 1** |  |
| **Date requesting extension to** |  |
| **Assignment 2** |  |
| **Date requesting extension to** |  |
| **Assignment 3** |  |
| **Date requesting extension to** |  |

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| **Assignment 1** |  |
| **Date requesting extension to** |  |
| **Assignment 2** |  |
| **Date requesting extension to** |  |
| **Assignment 3** |  |
| **Date requesting extension to** |  |

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| **Unit Code and Title** |  |
| **Date requesting Course Enrolment extension to** |  |

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| **Assignment 1** |  |
| **Date requesting extension to** |  |
| **Assignment 2** |  |
| **Date requesting extension to** |  |
| **Assignment 3** |  |
| **Date requesting extension to** |  |

1. **For CII use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Checklist** | | | |
|  | | **Yes** | **No** |
| Health | |  |  |
| Personal circumstances | |  |  |
| Other acceptable circumstances | |  |  |
|  | | | |
| Supporting evidence received | |  |  |
|  | | | |
| Extension agreed | |  |  |
| Unit |  | | |
| Assignment | Extended submission deadline date | | |
| 1 |  | | |
| 2 |  | | |
| 3 |  | | |
|  | | | |
| Authorised signatory |  | | |
| Date of authorisation |  | | |