**Coursework Extension Application Form**

(Please return completed form to**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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| **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** |  |

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|  |  |
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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**

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| **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 |  |