

### Section A: Learner Information

<b>Full Name</b>	
<b>Email Address</b>	

### Section B: Course & Assignment Details

<b>Course Name</b>	
<b>Date Course Commenced</b>	
<b>Tutor Name</b>	
<b>Assignment Title</b>	
<b>Original Submission Date</b>	

### Section C: Reason for Extension Request

Please select the primary reason for your extension request (tick one):

- Medical grounds (attach medical certificate)
- Family or personal emergency (attach supporting evidence)
- Other exceptional circumstances (explain below)

**Brief explanation of exceptional circumstance (maximum 200 words):**

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### Section D: Supporting Documentation

Please list and attach all relevant documents (medical certificate, email correspondence, etc.)

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### Section E: Student Declaration

I understand that:

- Submitting false or misleading information may result in my request being denied.
- This request must be submitted at least 48 hours before the due date unless exceptional circumstances apply.

By ticking the following box, I confirm that I understand the above statement and that the information provided in my request is true and accurate.

*This is a private and confidential document and remains the property of Healthcare Training Solutions College of Further Education.*

**Healthcare Training Solutions  
College of Further Education**

Extension Request Form

*(To be submitted at least **48 hours** before the original submission date)*



**Section F: Admin Use Only**

<b>Date Received</b>	
<b>Admin Name</b>	
<b>Decision</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Date of decision</b>	
<b>New Submission Date (if approved)</b>	

**Reason for decision:**

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**Extension Request Form Submission Instructions**

1. Complete this form **fully** and attach **all required evidence**.
2. Email form and all required evidence to **info@hcts.ie**.
3. Await written **confirmation of approval**.