



**University of Manitoba
Max Rady College of Medicine
Undergraduate Medical Education**

Application for Assignment Extension

Name:		Student number:
Address:		
City:		Postal code:
Home phone:	Cell:	Student email:

Details of request

Course:	
Assignment description:	
Original due date:	
Extension requested until:	
Name of course director or preceptor:	

Note: Extension date request is subject to discussion with the relevant course director. The approved new due date will be communicated to the student once decided.

Reason for extension

Please check all that apply.

Medical Bereavement Family Conference	Athletics Student government Other (please describe on next page)
Date:	Signature:

Additional information:

To be completed by approving authority at Student Affairs:

Comments:

Request is:

	Approved		Rejected
By:		Date:	
Signature:			

Statement of Purpose: This personal information is being collected under the authority of The University of Manitoba Act. It will be used to obtain information related to the student's request for an extension, and to assess whether the extension should be granted. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, contact the Access & Privacy Coordinator's Office (tel. 204-474-9462 or 204-474-8757), 233 Elizabeth Dafoe Library, University of Manitoba, R3T 2N2.