

**REQUEST FOR EXTENSION**

**University of Adelaide  
Department of Obstetrics & Gynaecology**

**EARLY HUMAN DEVELOPMENT - FIRST REPORT**

**Pregnancy, Delivery and the Neonate**

<b>NAME</b>	
<b>STUDENT ID</b>	
<b>CONTACT: (Mobile or email)</b>	
<b>Year you did 1<sup>st</sup> Year</b>	
<b>REQUEST</b>	
<b>REASON FOR REQUEST</b>	
<b>EXPECTED BIRTH DATE</b>	
<b>REVISED DUE DATE TO HAND IN ASSIGNMENT (This should be no more than 6 weeks after delivery)</b>	
<b>SIGNATURE (of student)</b>	
<b>DATE</b>	
<b>Approval given by</b>  _____	<b>Signature</b>  _____ <b>Date</b>  _____

**Please return to**

Jacki Smith,  
Departmental Secretary  
Women's & Children's Hospital  
1<sup>st</sup> Floor, Queen Victoria Building  
72 King William Road  
North Adelaide SA 5006

Telephone 61 8 8161 7619  
Facsimile 61 8 8161 7652  
**jacki.smith@adelaide.edu.au**