

APPLICATION FOR EXTENSION

Name _____ School _____

Subject _____ Teacher _____

Assessment No _____

Title _____ Due _____

Reason For Application _____

(Note: appropriate evidence must accompany this application, e.g. Doctor's Certificate)

Signature _____
Student

Signature _____
Parent

INFORMATION FOR STUDENTS

1. Late tasks will receive a zero (0) result.
2. An extension may be granted in genuine cases of illness or misadventure.
To be considered, an application for extension must be requested in writing before the due date.
3. Hand in your assessment task even if it is late. A student who does not complete tasks to the value of 50% of the assessment tasks in a course may not be certified as satisfactory in that course and may not be eligible for a Record of School Achievement.

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Please complete the following. This slip will be returned to you by the subject teacher.

APPLICATION FOR EXTENSION

Name _____ School _____

Subject _____ Assessment Task _____

Extension Granted

Extension Denied

Reason _____

Signature _____
Teacher

Date