

YEAR 7-10 APPLICATION FOR AN EXTENSION (Must be returned 2 days prior to task due date)

STUDENT NAME: _____ **DATE:** ____/____/____

SUBJECT: _____

TEACHER: _____

Task Concerned:

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MEDICAL CERTIFICATE ATTACHED YES NO.

Please provide appropriate detail for the reason an extension is needed. As per the Assessment handbook, extensions will not be granted for poor time management or ICT failure.

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In applying for this special consideration, I assure the Head of Teaching and Learning that I am not seeking unfair advantage over other students in this course.

STUDENT'S SIGNATURE: _____

PARENT/CAREGIVER SIGNATURE: _____

RECOMMENDATION OF HEAD OF FACULTY APPROVED NOT APPROVED ROC ENTERED

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Decision of H.O.T.L. (SECONDARY) _____ **DATE:** ____/____/____

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Office Use Only

All parties involved have been informed of the decision.