STUDENT ASSESSMENT EXTENSION APPLICATION

Instructions: This form is to be used by students to request an Assignment Extension or to request a new assessment occasion.

In the case of a planned absence (eg school commitment, genuine family reason etc) application must be made 5 or more days prior to the due date or date of assessment. For unplanned absences beyond your control, application must be made no later than 5 days after the due date or date of assessment. Evidence of work done to date, may be required.

Student Name:			Date:	
Subject: L		_ Level:	Teacher Name:	
Date of	of the Assessment or I	Due Date of Assig	gnment:	
Stand	ard Name and Numbe	er:		
I request an extension for the above assessment. The reason for this request is:				
	III health Details / Date:		Medical Certificate attached Yes / No	
	Family reasons Details / Date:	Documentation attached Yes / No		
	School Commitment Details / Date:			
	Other Reasons Details / Date:			
Signed: Student			 Date	
Teach	ner Assessor to com	plete:		
Extension of Time given: Yes / No New Due Date: New Assessment Occasion granted: Yes / No New Assessment Occasion date: Reason if declined:				
Student informed: Yes / No			Date:	
Signed:			Date:	

Teacher Assessor