



**APPLICATION FOR EXTENSION
ASSESSMENT OTHER THAN EXAMINATION**

STUDENT TO COMPLETE

Step 1

NAME:	Date request submitted:	
Home Group:	Student ID No:	
Subject:	Date of scheduled assessment:	
Type of Assessment:		
Reason for Extension:		
Have you applied for an Extension previously:	YES/NO	
Supporting documents (e.g. Medical Certificate) handed in to Senior Schooling	YES/NO	
Student Signature:	Parent/Guardian Signature:	

SUBJECT TEACHER TO COMPLETE

Step 2

Work ethic during set preparation time:
Number of lessons missed:
General comment:
Signature: _____ Date: _____

HEAD OF FACULTY TO COMPLETE

Step 3

Approved: YES/NO
Revised due date:
General comment:
Signature: _____ Date: _____

DIRECTOR OF TEACHING AND LEARNING (Secondary)

Step 4

Additional Notes:
Signature: _____ Date: _____

OFFICE USE ONLY:

Extension and Missed Examination Register updated:

