



Application for Extension of Time for Assessment Submission

Note: This application should be made only after initial discussion with your class teacher.

Application Date:

Student Name: Class:

Course:

Course Teacher:

Item of work for which extension is required:

Value of Task: % Due Date:

Explain the reason for making this application:

Documentation supplied: *(Doctor's Certificate, Parental Note, etc should be attached)*

Student has demonstrated sound effort towards the completion of this task: Yes No

Signatures Required

Student Signature:	<input type="text"/>	Teacher Signature:	<input type="text"/>
Parent Name:	<input type="text"/>	Signature:	<input type="text"/>
Faculty Coordinator:	<input type="text"/>	Signature:	<input type="text"/>

Extension Granted Revised Assessment Due Date:

Extension **NOT** Granted

Faculty Coordinator reason why/why not the extension was/was not granted:

Date: