



Application for Assessment Task Extension Year 7-10

This form is to be submitted to the Faculty Coordinator

Application date: _____

Student Name: _____ PC _____

Subject for which extension is requested: _____

Name of Task: _____ Due Date: _____

Name of Teacher: _____ Faculty Coordinator: _____

Reason For Extension:

Parent Letter attached:

Doctor's Letter attached: (for illness)

File Copy Retained

Student Copy

Granting of Assessment Task Extension

To be completed by: Faculty Coordinator

Extension granted: Yes No

New due date: _____

Faculty Coordinator: _____

Academic Dean of Students: _____

Attach this slip when submitting your assessment task