APPLICATION FOR EXTENSION OF ASSESSMENT

Students wanting an extension for a piece of assessment are to fill in the details below and hand this form to their SUBJECT TEACHER for comment. Then the student must take this form to the HEAD OF DEPARTMENT for approval. Then take this form to the HEAD OF DEPARTMENT – SECONDARY SCHOOLING in Administration for consideration.

This form must be filled in prior to the due date of the assignment.

Student’s Name: _______________________________________ Form: ______

Subject: _______________________________________________________

Evidence Attached: YES ☐ NO ☐ (e.g. Medical certificate)

Type of assessment: _______________________________________________________

Conditions: _______________________________________________________

Due date: _______________________________________________________

Reason for extension: _______________________________________________________

Length requested: _______________________________________________________

Parent/Guardian Signature: ___________________________ Date: _______________________

Teacher’s comments: (re conditions, eg. time allowed in class)

________________________________________________________________________

________________________________________________________________________

Length of extension recommended: _______________________________________________________

Signature: ___________________________ Date: _______________________

Teacher’s signature: _______________________________________________________

HOD’s signature: _______________________________________________________

Head of School - Secondary approval: YES ☐ NO ☐ ☐

Length of extension: _______________________________________________________

Signature: ___________________________ Date: _______________________