



Request for Extension of Time for Assessment

To be arranged with the Curriculum HOD at least one week prior to submission.

Student Name: _____	Subject: _____
Teacher: _____	Due Date: _____
Reason for Request: _____ _____ _____ _____	
Medical Certificate Attached: YES / NO	
Student Signature: _____	Date: _____
Parent/Carer Signature: _____	Date: _____
<i>Give to class teacher</i>	
Extension Granted: YES / NO	
Reason: _____ _____	
Extended Date: _____	Teacher Signature: _____
HOD Signature: _____	Approval: YES / NO
<i>Form returned to student.</i> <i>This form must be attached to assignment.</i>	

