



Year 7- 9 AARA - Request for Extension of Time for Assessment

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

Student Name: _____ _____	Subject: _____ _____
Teacher: _____ _____	Due Date: _____ _____
Reason for Request: _____ _____ _____ _____	
Evidence / Medical Certificate Attached: YES / NO	
Student Signature: _____ Date: _____	
Parent/Carer Signature: _____ Date: _____	
<ol style="list-style-type: none"> 1. Discuss with Class Teacher 2. Give to HOD - Faculty 	
Notes: _____ _____	
Extension Granted: YES / NO Extended Date: _____	
Teacher Signature: _____ HOD Signature: _____	
Approval: YES / NO <i>Form returned to student.</i>	
<i>This form must be attached to assignment.</i>	



