



APPLICATION FOR ASSESSMENT EXTENSION

NAME DATE OF REQUEST

SUBJECT NAME TEACHER

ASSESSMENT TYPE: ASSIGNMENT ORAL

TITLE DUE DATE

ATTACHED MATERIAL COMPLETED SO FAR:

- Drafts
- Research Notes
- Other

DETAILED REASON FOR REQUEST:

.....
.....

DOCUMENTARY EVIDENCE – MUST BE ATTACHED

- MEDICAL CERTIFICATE NOTE OF EXPLANATION FROM PARENT/GUARDIAN

RECOMMENDATION OF CLASS TEACHER	PRINCIPAL/DEPUTY PRINCIPAL APPROVAL
<p>This application for extension / or deferred test</p> <p><input type="checkbox"/> is:RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED</p> <p>COMMENT</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>SUGGESTED REVISED DUE DATE:</p> <p>.....</p> <p>Signed</p>	<p>This application for extension / or deferred test is</p> <p><input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED</p> <p>COMMENT</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>CONFIRMED DUE DATE:</p> <p>.....</p> <p>Signed</p>

Compass contact record completed.

N.B. THIS COMPLETED FORM AND MEDICAL CERTIFICATE/ NOTE FROM PARENT OR GUARDIAN MUST BE ATTACHED TO YOUR ASSESSMENT WHEN IT IS SUBMITTED.