

REQUEST FOR EXTENSION



STUDENT'S NAME: _____

SUBJECT: _____

CLASS: _____

TEACHER'S NAME: _____

NAME OF ASSESSMENT TASK: _____

DUE DATE OF TASK: ____ / ____ / ____

REASON FOR THE REQUEST OF EXTENSION

STUDENT SIGNATURE: _____ DATE: ____ / ____ / ____

PARENT SIGNATURE: _____ DATE: ____ / ____ / ____

SUPPORTING EVIDENCE ATTACHED

- Parent / Guardian Letter
- Doctor's Certificate

THIS FORM IS TO BE SUBMITTED TO THE TEACHING AND LEARNING COORDINATOR (TLC)

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REQUEST FOR EXTENSION

RECOMMENDATION OF TEACHING AND LEARNING CO-ORDINATOR

DATE REQUEST RECEIVED: ____ / ____ / ____

RECOMMENDATION:

- APPROVED NEW DUE DATE: ____ / ____ / ____

If extension is approved – The student must attach this request to the cover page of their task

- DENIED

REASON FOR DENIAL _____

TEACHING & LEARNING CO-ORDINATOR'S SIGNATURE: _____

DATE: ____ / ____ / ____

**The top section of this form is kept by the TLC
The lower section is return to the student and attached to the task when submitted**