Student’s Name: ____________________________________________ Homeroom: _____

Subject: ________________________________________________________________________________

Teacher: ________________________________________________________________________________

Name of assessment task: ________________________________________________________________

Due date of task: ____/___/______ Has the task been submitted? ☐ Yes ☐ No

What is the nature of your request?

☐ Consideration for extension of time
☐ Acceptance of late submission
☐ Other (please state) ______________________

Reason for the request?
____________________________________________________________________________________
____________________________________________________________________________________

Attach any supporting documentation.
____________________________________________________________________________________
____________________________________________________________________________________
Eg Doctor’s Certificate
____________________________________________________________________________________
____________________________________________________________________________________

Student’s signature: ____________________________________________ Date: ____/___/______

Parent signature: ______________________________________________ Date: ____/___/______

(office use only)

Comments: ____________________________________________________________________________
____________________________________________________________________________________

☐ Alternative assessment task to be set
☐ Extension of time granted until ______________________
☐ Evaluate mark at the end of the course
☐ Estimate mark based on similar tasks
☐ No credit for this task (Warning Letter to be sent)
☐ Documentation required ______________________

☐ Student informed of decision. (If alternate task or extension the new date is in their diary)

Coordinator: __________________________ Signature __________________________ Date: _____/___/______