

REQUEST FOR AN EXTENSION 2018

(This must be for a valid reason: ill health, bereavement, representative leave etc and must be obtained at least 24 hours prior to due date)

PART A (student to complete)
Person making Request

Name:	Date:
-------	-------

Subject / Level (NCEA 1, 2 or 3) / Subject Teacher

Subject:	Level:	Teacher:
----------	--------	----------

Achievement Standard No and Title

AS	Title:
----	--------

Date Assessment was Issued/Set

Date Assessment Due

--	--

Reason for requiring an extension:

Student Signature:	Parent Signature:
--------------------	-------------------

PART B (Dean to complete and hand to Head of Department)

Parent/Guardian Letter Attached

Medical Evidence Attached

Yes / No	Yes / No
----------	----------

This reason appears to be:

Acceptable:	In need of further investigation by Dean/ Mrs Harrod:	Not Acceptable:
-------------	--	-----------------

PART C (Head of Department to complete) Result of Request:

You have been granted an extension until:

Your request for an extension has been declined and your assessment will need to be completed by:

Signature HOD:

Date:

--	--

The HOD will copy this form for the student concerned, notify the subject teacher of the result, file a copy of the form with people listed below.

- copy to Dean copy to SR