



Assessment Extension Request

This form is to be used for extensions and should be submitted to the subject teacher at least 72 hours prior to the due date.

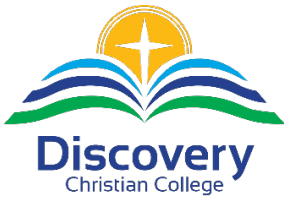
Instructions: Applying for an assignment extension

1. Please complete all sections of this Assignment Extension Request application.
2. Submit the form to the subject teacher at least 72 hours prior to the assignment due date.
3. Attach any supporting documents (i.e.: Doctor's Certificate) which may be required.

Applications may not be submitted after the assignment due date

Student and Parent/Carer to complete

Student number:	Student name:
Email address:	
Subject name:	Year level:
Assignment name:	
Subject teacher's name:	
Assignment due date: <i>(Applications may not be submitted after the due date)</i>	
Length of requested extension e.g. 1 day; 1 week	
Reason for requesting extension:	
Documentation attached: Yes/No (circle)	



Conditions

1. I have attached the required supporting documentation, where required.
2. I declare that the information I have supplied is correct, true and complete, and that the supporting documentation, where required to be provided, is authentic.
3. I authorise Discovery Christian College to obtain information with respect to my application and, if it chooses, to verify the authenticity of any documentation I have provided.
4. I understand that submission of this application form does not guarantee automatic approval of the extension.
5. I will be notified of the application outcome by the subject teacher or Head of Secondary.
6. If approved, it is my responsibility to submit my assessment item on or before the revised due date.

Signing and providing this form to your subject teacher acknowledges that you have read and accept the above conditions.

Signature of student: _____

Date: _____

Signature of parent/carer: _____

Date: _____

Subject teacher to complete

<input type="checkbox"/> Extension Approved	<input type="checkbox"/> Extension Not Approved
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Signature of teacher: _____

Date: _____