

This form is for use by students seeking an extension of time on a single task within a single subject. In the absence of extenuating circumstances, applications made within one week of the original due date, without necessary supporting documentation may not be considered. Completed applications must be submitted to the **Subject teacher**. Final approval is given by the **Dean of Middle School (Year 7- 9) or Dean of Senior School (Year 10)**.

FIRST NAME: _____ **SURNAME:** _____ **YEAR LEVEL:** _____
HOUSE: _____ **DATE OF APPLICATION:** ____/____/____
SUBJECT: _____ **TASK:** _____
DUE DATE: ____/____/____ **SUBJECT TEACHER:** _____

REASON FOR EXTENSION REQUEST

Supporting documentation (attach):

Medical Certificate / Professional Report Other: _____

Student's signature: _____ **Parent's signature:** _____

RECOMMENDATION AND CONDITIONS – Subject Teacher

New due date and time for this task: ____/____/____ **Time:** _____ am / pm

RECOMMENDATION – Head of Department

Approve Do Not Approve **HOD Signature:** _____

APPROVAL – Dean of Middle School or Dean of Senior School

Application: Approved Approved subject to receipt of supporting documentation Not approved

Dean's Signature: _____ **Date:** ____/____/____