

REQUEST FOR AN EXTENSION

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

Subject:	Level:	Teacher:
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Achievement Standard No and Title

AS	Title:
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Date Assessment was Issued/Set

Date Assessment Due

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Reason for requiring an extension:

Student Signature:	Parent Signature:
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PART B (Dean to complete and hand to Head of Department)

Parent/Guardian Letter Attached

Medical Evidence Attached

Yes / No	Yes / No
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This reason appears to be:

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