Extension Request

MANGO HILL
STATE SECONDARY COLLEGE

Respectful, Engaged, Aspiring Learners for the world of tomorrow

Extension Request

Section A – Completed by Student					
Surname			**First Name**		
Year Level		**Care Class**		**Subject**	
Name of Task			**Original Due Date**		
Request Reason	☐ **Illness** *(Medical Certificate Attached)*		☐ **Misadventure** *(Attach Documentation)*	☐ **Other** *(Please Specify)*	
Outline details of the circumstances that have adversely affected your ability to complete the assessment task by the due date. *(Attach extra sheets if necessary)*					
Student Signature			**Date**		
Parent/Carer Signature			**Date**		

Section B – Completed by Teacher *(forwarded to teacher by student)*			
Teacher Code		**Class Code**	
Please communicate your responses below:			
☐ **YES** ☐ **NO**	Adequate draft response completed on time		
☐ **YES** ☐ **NO**	Class time provided to work on this assessment task (number of lessons: _____)		
☐ **YES** ☐ **NO**	Resources readily available to support completion of assessment task		
☐ **YES** ☐ **NO**	Knowledge of student absences (If yes, number of lessons missed: _____)		
	Amount of time recommended to complete task: _____		
Comments (recommended/no recommended):			
Teacher Signature		**Date**	

25 Richard Road, Mango Hill QLD 4509 I PO Box 1624, North Lakes QLD 4509
(07) 3817 7555 I admin@mangohillssc.eq.edu.au I www.mangohillssc.eq.edu.au

Section C – Completed by Head of Department *(forwarded to HOD by student – HOD to retain original and return copy to student)*			
☐ **APPROVED**		☐ **NOT APPROVED**	
Comments:			
Revised Due Date:		**HOD Signature**	

Section D – Completed by Student
☐ Copy of APPROVED EXTENSION REQUEST attached to assessment instrument by the above agreed due date

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