

Mango Hill State Secondary College Extension Request



SECTION A – COMPLETED BY STUDENT

(to be completed by student)

SURNAME		FIRST NAME	
YEAR LEVEL	CARE CLASS	SUBJECT	
NAME OF TASK	ORIGINAL DUE DATE		
REASON FOR REQUEST	<input type="checkbox"/> Illness (Medical Certificate attached)	<input type="checkbox"/> Misadventure (Attach documentation)	<input type="checkbox"/> 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 SIGNATURE		DATE	

SECTION B – COMPLETED BY TEACHER

(forwarded to teacher by student)

TEACHER CODE		CLASS CODE	
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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	
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SECTION C – COMPLETED BY HEAD OF DEPARTMENT

(forwarded to HOD by student – HOD to retain original and return copy to student)

<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
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Comments:

Revised Due Date:		HOD SIGNATURE	
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SECTION D – COMPLETED BY STUDENT

Copy of APPROVED EXTENSION REQUEST attached to assessment instrument by the above agreed due date