

**APPENDIX 4 Extension Form**

**ASSIGNMENT EXTENSION REQUEST**

The student is to complete the top box and give the form to their subject teacher at least one full day before the due date.

**NAME:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_

**ASSESSMENT:** \_\_\_\_\_

**REASON for Extension Request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Supporting documentation attached** (medical certificate, parent letter etc)

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Student*

**EXTENSION GRANTED / DENIED**

**REASON:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ (*Subject Teacher*) **DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ (*AP or Learning Area Liaison*) **DATE:** \_\_\_\_\_

\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ (*NZQA PN*) **DATE:** \_\_\_\_\_

**THIS FORM MUST BE STORED BY THE PN AND BE AVAILABLE FOR AUDIT. File with the students Assessment work**