

## 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**