

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**