



J J CAHILL MEMORIAL HIGH SCHOOL

REQUEST FOR EXTENSION

OF ASSESSMENT SUBMISSION/COMPLETION

This form is to be completed and submitted to the faculty Head Teacher when requesting an extension of the submission/completion date for a task. It must be submitted at least two (2) school days prior to the scheduled task.

NAME OF STUDENT: _____ ROLL CLASS: _____

COURSE: _____ CLASS TEACHER: _____

NAME OF ASSESSMENT TASK: _____ DUE DATE: _____

(Attach a copy of the Task)

SECTION (A)

(TO BE COMPLETED BY THE STUDENT)

OUTLINE REASON FOR EXTENSION REQUEST AND ATTACH RELEVANT DOCUMENTATION:

STUDENT SIGNATURE: _____ DATE: ____/____/____

SECTION (B)

(TO BE COMPLETED BY HEAD TEACHER)

HEAD TEACHER: _____ FACULTY: _____

DATE OF RECEIPT of REQUEST FOR EXTENSION Form: ____/____/____

COMMENTS:

DECISION BY HEAD TEACHER:

EXTENSION APPROVED REVISED DUE DATE: _____:____/____/____

EXTENSION DECLINED _____ day of week and date

HEAD TEACHER SIGNATURE: _____ DATE: _____

COPIES: FACULTY FILE STUDENT

NB: A STUDENT MAY APPEAL THIS DECISION IF HE/SHE CONSIDERS IT IS UNFAIR BASED ON THE ADVICE PROVIDED IN THE ASSESSMENT GUIDE. REFER TO APPEAL FOR REVIEW OF ASSESSMENT.