REQUEST FOR EXTENSION – Stage 2 Assessment Task

Student Name: _________________________  Homegroup: __________

Subject: ______________________________

Name of Assessment Task: __________________________________________

Date Assessment Task was handed out: __________________

Due Date of Assessment Task: __________________

Please provide a brief explanation as to why an extension is being requested:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

* A copy of work completed so far must be submitted with this form or request will not be considered*

Student Signature: ________________  Date: ______________

Parent/Caregiver Signature: ________________  Date: ______________

Subject Teacher Signature: ________________  Date: ______________

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Request for extension has/has not been approved.

Revised due date: __________________

SACE Coordinator Signature: ________________  Date: ______________