

(Years 7 – 10 students only)

THE REQUEST IS NOT GRANTED UNTIL APPROVED BY THE HEAD OF DEPARTMENT VIA EMAIL.

SECTION 1 - To be completed by the student and given, in hard copy or email, to the class teacher.									
STUDENT NAME						YEAR		FORM	
STUDENT SCHOOL EMAIL ADDRESS				@eq.edu.au					
SUBJECT CODE (from timetable)					TEA	CHER			
ASSESSMENT NAM	1E								
ASSESSMENT TYP	TYPE (select one)			EXAM		ASS	ASSIGNMENT/PRESENTA		ITATION
DUE DATE			DATE EXTENSION REQUESTED UNTIL						
DATE OF APPLICATION FOR EXTENSION									
REASON FOR EXTENSION REQUEST e.g. illness, injury, bereavement									
SUPPORTING DOCUMENTATION ATTACHED		(tick all that apply and attach documentation) Medical Certificate Written notification e.g. bereavement							
PARENT/CARER NA	AME								
MOBILE NUMBER			EMAIL ADDRESS						

SECTION 2 (To be completed by the student's teacher and for an integration of the student's teacher and for an integration of the student's teacher and for an integration of the student's stud

SECTION 3 (To be completed by the HOD and then scanned and uploaded with supporting documentation to Contact section of student's OneSchool.)

EXTENSION GRANTED?		(check one)	YES	NO					
RESOLUTION (complete all that apply)	Hand in assignment/presentation – due on Complete exam – due on Adjustment required (detail) Other (detail)								
EMAIL SENT TO STUDENT, PARENT/S AND TEACHER ON									
COMMENTS									
HEAD OF DEPARTMENT NAME									
HOD'S SIGNATURE			DATE						