

(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<br>e.g. illness, injury, bereavement                                  |                   |   |                                |            |     |      |                     |      |         |
| SUPPORTING DOCUMENTATION<br>ATTACHED   |                   | (tick all that apply and attach documentation)<br>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<br>(complete all that apply)        | Hand in assignment/presentation – due on<br>Complete exam – due on<br>Adjustment required (detail)<br>Other (detail) |             |      |    |  |  |  |  |  |
| EMAIL SENT TO STUDENT, PARENT/S AND TEACHER ON |  |             |      |    |  |  |  |  |  |
| COMMENTS                                       |  |             |      |    |  |  |  |  |  |
| HEAD OF DEPARTMENT NAME                        |  |             |      |    |  |  |  |  |  |
| HOD'S SIGNATURE                                |  |             | DATE |    |  |  |  |  |  |