

ASSESSMENT EXTENSION APPLICATION

This is a request for an extension of time or exemption from, an assessment instrument due to an unavoidable and unexpected event.

Students must submit this form to the curriculum Head of Department prior to the draft due date.

STUDENT NAME:	YEAR LEVEL:	STUDENT EMAIL: @eq.edu.au
SUBJECT:	TEACHER:	HOD:
ASSESSMENT INSTRUMENT:		ORIGINAL DUE DATE:
<p>APPLICATION FOR EXTENSION ≤ 3 DAYS</p> <p>APPLICATION FOR EXTENSION > 3 DAYS</p> <p>APPLICATION FOR MEDICAL EXEMPTION</p> <p>(Only applicable in extreme circumstances)</p>		

STUDENT STATEMENT

EXTENSION FOR	ILLNESS	UNFORSEEN CIRCUMSTANCES
<p>Provide details of the nature of the illness or the reason for your request. Include, if relevant, dates of absences.</p>		
<p>Explain the impact of your illness/or the reason for your request on your ability to complete your assessment by the due date.</p>		
Student Signature:		Date:
Parent/Carer Signature:		Date:

VERIFYING EVIDENCE

APPLICATION FOR EXTENSION ≤ 3 DAYS

Additional evidence is not required

APPLICATION FOR EXTENSION > 3 DAYS

Attached is medical certificate stating that I was unfit for duty

Attached is a signed statement for consideration

Other - Please specify:

APPLICATION FOR EXEMPTION

Attached is a medical certificate stating that I was unfit for duty

Unforeseen circumstance

Guidance Officer approved

Other - Please specify:

GUIDANCE OFFICER/HEAD OF DEPARTMENT

DATE APPLICATION RECEIVED:

(Decision is required within 48 hours)

APPLICATION IS APPROVED

APPLICATION IS NOT APPROVED

NEW DUE DATE IS :

Student and parent are notified of outcome via email

Teacher notified of outcome via email

APPROVED

Communication in One School in contact and saved in Student Support provisions.

NOT APPROVED

Communication in One School in contact

HOD Signature:

Guidance Officer Signature:

Date: