

**Assignment / Assessment
Extension Request**Referenced in [POL-011 Student Assessment Policy](#)
[FM-050 Student Assessment Cover Sheet and Feedback](#)**Introduction**

All students requesting an extension to their assignment or assessment due dates must complete this form. The submission of the form does not automatically approve an extension.

Process

Complete the form below and provide this original copy to your teacher at least 7 days (minimum) or earlier prior to assignment / assessment due date. Upon review of your application, you will receive approval/ non-approval of your application within 48 hours of your application been received.

Extenuating circumstances will be evaluated on their own merit. In the case where illness is the reason for your request, an original medical certificate must be attached to support your application.

Student Name			
Student ID Number			
Unit / Cluster Name			
Teacher name			
Assignment / Assessment Name			
Assignment / Assessment No			
Request an extension to			
Reason (If due to illness, attach an original medical certificate)			
Student Signature		Date	

Office Use Only

Teacher comments (To support decision)

Approved**Not approved**

If approved, extension granted until:

Date Student notified:

Method of notification:

By:

Note: A copy of this application must be placed on the student file.