



# FERRY GROVE STATE HIGH SCHOOL

## APPLICATION FOR ASSESSMENT EXTENSION

**\*\*MUST BE FILLED IN AND HANDED TO HEAD OF DEPARTMENT BEFORE DUE DATE!\*\***

<b>Student's Name:</b>		<b>Form Class:</b>	
<b>Teacher:</b>		<b>Subject / Class code:</b>	
<b>Type of Assessment:</b>		<b>Current due date:</b>	
		<b>Requested Due Date:</b>	
Reason for Extension <i>(Please provide supporting evidence eg Medical Certificate, note from parents)</i>		<hr/> <hr/> <hr/>	
Teacher Comments  <i>(You will not receive an extension if this section is not filled in)</i>		<hr/> <hr/> <hr/>	

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Student's Name	
Extension Granted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment Item	
If Yes, the due date is now:	_____ / _____ / _____
<b>THIS FORM MUST BE ATTACHED TO YOUR ASSESSMENT ITEM WHEN SUBMITTED ON THE NEW DUE DATE.</b>	
_____	_____ / _____ / _____
HOD SUBJECT AREA	DATE