



Bundaberg
State High School

Application for Assessment Extension

Must be submitted at least one week prior to due date

Student Name:		Year Level:	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Subject:		Original Due Date:			
Teacher Name:		Curriculum HOD Name:			
Name of Assessment Task:					

Reason for request (To be completed by Student)

Student signature:

Date:

Attachments (attach to this application form): Medical certificate Letter from parent

To be completed by Teacher (Student to give to Teacher)

Please tick your response:

- | | |
|---|---|
| <input type="checkbox"/> Class time allowed to work on this assignment | <input type="checkbox"/> Yes <input type="checkbox"/> No (Number of lessons: _____) |
| <input type="checkbox"/> Resources readily available | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Knowledge of student absence/s | <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, number of lessons missed: _____) |
| <input type="checkbox"/> Amount of time recommended to complete task: _____ | |
| <input type="checkbox"/> Extension recommended | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments:

Teacher signature:

Date:

To be completed by Curriculum HOD only (Student to give to Curriculum HOD)

Approved (If approved) **Revised date:** _____ Not approved

Comments:

Curriculum HOD signature:

Date:

Curriculum HOD provides copies to:

Original – attach to Student Profile Teacher Student Curriculum HOD OneSchool entry