EXTENSION REQUEST FOR PRELIMINARY COURSE ASSESSMENT TASK

DATE OF ASSESSMENT TASK: _____________   COURSE: ____________________

TEACHER: __________________________   TASK NUMBER: __________

TYPE OF TASK:
☐ Analysis Report
☐ Case Study
☐ Critical Analysis
☐ Display
☐ Experimentation
☐ Folio work
☐ GP Performance
☐ Historiography
☐ Historical Investigation Product
☐ Individual Project
☐ Listening Task
☐ Open Ended Investigation
☐ Performance Improvement Project
☐ Practical Data Analysis
☐ Reading
☐ Research Report
☐ Skills and Knowledge Test
☐ Topic Test
☐ View
☐ Writing Portfolio
☐ Final Course Exam

☐ Application of Methodologies
☐ Class Assessment
☐ Data Interpretation
☐ Excursion Report
☐ Fieldwork
☐ Food Preparation
☐ Group Project
☐ Historical & Critical Research
☐ Industry Study
☐ Interpretation & Synthesis
☐ Log Book Submission
☐ Oral Presentation
☐ PIP Research
☐ Presentation
☐ Research & Design
☐ Secondary Research
☐ Source Analysis
☐ Trial HSC
☐ Viva Voce
☐ Written Report
☐ Body of Work Development
☐ Composition
☐ Design
☐ Experimental Report
☐ Film Viewing
☐ Geography Writing
☐ Mid Course Exam
☐ Historical Investigation Proposal
☐ Independent Research
☐ IP Submission
☐ Module Display & PDD
☐ Performance
☐ Practical
☐ Programming Task
☐ Research Project
☐ Speaking
☐ Submission
☐ VAPD
☐ Writing
☐ Written Response

I _______________________________________ (Name of Student), hereby apply for an extension of time for the abovementioned task.

REASON FOR EXTENSION:

( Documentary evidence from Parent/Doctor should be provided, except in exceptional circumstances)

☐ Excursion  ☐ Illness  ☐ Leave  ☐ Misadventure  ☐ Workplacement  ☐ Other .........................

☐ Medical Certificate  ☐ Parent Contact  ☐ Statutory Declaration  ☐ Other  .........................

In applying for this extension I assure the Principal that I am not seeking unfair advantage over other students in the course.

STUDENT’S SIGNATURE: __________________________   DATE: __________

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1. I have noted the above request and HAVE/HAVE NOT granted an extension of time.

   COMMENT (Optional): __________________________________________________________________________________________

   EXTENSION TIME: _______ days   To be submitted on or before: __________

   OR

2. MISSED ASSESSMENT TASK – NO VALID REASON

   Task to be completed or submitted on or before _________________

   TEACHER: _______________________   HEAD TEACHER: ___________________   DATE: _______

   DEPUTY PRINCIPAL YEAR 11: ________________________   DATE: __________