HENRY KENDALL HIGH SCHOOL
EXTENSION REQUEST FOR HSC COURSE ASSESSMENT TASK

DATE OF ASSESSMENT TASK: _____________ COURSE: _______________________

TEACHER: ______________________ TASK NUMBER: _________

TYPE OF TASK:
☐ Analysis Report ☐ Application of Methodologies ☐ Body of Work Development
☐ Case Study ☐ Class Assessment ☐ Composition
☐ Critical Analysis ☐ Data Interpretation ☐ Design
☐ Display ☐ Excursion Report ☐ Experimental Report
☐ Experimentation ☐ Fieldwork ☐ Film Viewing
☐ Folio work ☐ Food Preparation ☐ Geography Writing
☐ GP Performance ☐ Group Project ☐ Mid Course Exam
☐ Historiography ☐ Historical & Critical Research ☐ Historical Investigation Proposal
☐ Historical Investigation Product ☐ Industry Study ☐ Independent Research
☐ Individual Project ☐ Interpretation & Synthesis ☐ IP Submission
☐ Listening Task ☐ Log Book Submission ☐ Module Display & PDD
☐ Open Ended Investigation ☐ Oral Presentation ☐ Performance
☐ Performance Improvement Project ☐ PIP Research ☐ Practical
☐ Practical data Analysis ☐ Presentation ☐ Programming Task
☐ Reading ☐ Research & Design ☐ Research Project
☐ Research Report ☐ Secondary Research ☐ Speaking
☐ Skills and Knowledge Test ☐ Source Analysis ☐ Submission
☐ Topic Test ☐ Trial HSC ☐ VAPD
☐ View ☐ Viva Voce ☐ Writing
☐ Writing Portfolio ☐ Written Report ☐ Written Response
☐ Yearly Exam

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): ____________________________________________________________________________________
_________________________________________________________________________________________________{204}
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 12: ____________________ DATE: ___________