



11-12 Assessment Extension Application

Student Name: _____ Pastoral Care Class: _____

Subject: _____ Subject Teacher: _____

Date of Application: ___ / ___ / ___

Assessment Draft / Final (Please Circle) Due Date: ___ / ___ / ___

Agreed upon Date of Submission New Date: ___ / ___ / ___

Reason for Application:

Medical (AARA Medical Forms must be submitted)

Other

Any absences must meet QCAA requirements and may require further documentation to support.

Please describe the circumstances below:

Student Signature: _____ Date: ___ / ___ / ___

Parent Signature: _____ Date: ___ / ___ / ___

Class Teacher Signature: _____ Date: ___ / ___ / ___

Academic Leader signature: _____ Date: ___ / ___ / ___

Please note that this application will not be accepted without all relevant signatures and supporting documentation.