



Application for Extension

Name:

Year:

Date:

Subject:

Teacher:

Assessment Task Number (As per Assessment Policy booklet):

Assessment Task Title:

*I apply for an extension based on the consideration of the following factors which may affect my performance in this Assessment Task. (**Documentary evidence must be provided**, except in exceptional circumstances)*

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

Student's Signature:

Parent/Guardian's Signature:

Recommendation of Teacher/Head Teacher

Signature of Teacher/Head Teacher:

Recommendation of Assessment Committee: Application for Extension

Subject/Course:

Assessment Task Number:

Assessment Task Title:

Principal/Deputy Principal:

Date:

This form is located: <https://cowra-h.schools.nsw.gov.au/> and then to the Assessment Tasks tab.