REQUEST FOR AN EXTENSION OF TIME OR
ALTERNATE DATE

Student Name: ___________________________ Homeroom: ______

Date of Request: _________________________

Course: __________________________________

Teacher: __________________________________

Task No: __________________________________

Task Due Date: ____________________________

Task Nature: ________________________________

Reasons for an Extension of Time or Alternate Date:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

New Date Requested: ____________________________

Supporting Evidence:  □ Medical Certificate
                      □ Letter of Explanation

I declare that all the information supplied is true.

Student Signature: ___________________________  Date: __________

Parent/Carer Signature: __________________________
Studies Coordinator Recommendation:


Signed:  
Date:

Subject Teacher's Recommendation (if applicable)


Signed:  
Date: