



Extension Request for Assessment Task

Student Name: _____

Year: _____

I hereby apply for an extension in the following Assessment Task.

Course:

Nature of Task:

Due Date: _____

Task Name: _____

Reason for Extension:

(Documentary evidence from parent / doctor to be attached)

In applying for this extension, I assure the Head of Faculty that I am not seeking any unfair advantage over the other students in the course.

Student's Signature: _____

Date: _____

I have noted the above request and have decided

To grant an extension

New Date for Submission: _____

Not to grant an extension

Reason:

Class Teacher's Signature: _____

Date: _____

Head of Faculty's Signature: _____

Date: _____