EXTENSION REQUEST FORM

This form must be completed by you and your class teacher (Then, AND ONLY THEN, is the form to be submitted to the appropriate administration member. A request for extension must be completed and submitted at least 48 hours before the due date.

TODAY’S DATE: ______________

MY NAME: __________________________________________ FORM: ______________

TIMETABLE SUBJECT CODE (eg. ENG081E): _______________ TEACHER: _______________

ASSIGNMENT TITLE: _________________________________ DUE DATE: _______________

EXTENSION REQUEST DATE (SUBJECT TO FINAL APPROVAL): _________________

EXTENSION REQUEST

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
____________________________ __________________ Signed:

TEACHER COMMENT:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
____________________________ __________________ Signed:

ATTACH ANY MEDICAL CERTIFICATE, LETTER OR SUPPORTING DOCUMENTATION TO THIS REQUEST

APPROVAL: YES / NO NEW DUE DATE: _____________

SIGNED (Admin member) ________________________________