EXTENSION REQUEST FORM

This form must be completed by you, your class teacher and the Head of Department (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

HOD APPROVAL: (Signature of Head of Department) ________________________________

DP APPROVAL: YES / NO________________________ NEW DUE DATE: _____________

SIGNED (Deputy Principal) ________________________________