Appendix B



CENTENARY HEIGHTS STATE HIGH SCHOOL

APPLICATION FOR ASSESSMENT EXTENSION - FOR MULTPLE SUBJECTS

**Must be filled in and handed to the Guidance Officer or Year level Deputy Principal one week before the due date unless there is an emergent issue! **

| Student's name: | | | PCG: | | | |
|--|---------|---|-----------------|----------|--------------------------|--|
| Reason for extension (Please | | | . L | | | |
| provide supporting evidence | | | | | | |
| e.g. Medical Certificate, Qld | | | | | | |
| Health advice, documented | | | | | | |
| evidence. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Please provide details below for each subject and assessment for consideration for an extension: | | | | | | |
| □Unit 1 □ Unit 2 □ Unit 3 □ Unit 4 | | | | | | |
| Subject | Teacher | , | Assessment Type | Due Date | Requested extension date | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

School use only

| Student's name | | | | | | | | |
|---|--|-------------|---------------|-------------------|--|--|--|--|
| Extension granted | □ Yes □ No | | | | | | | |
| Staff Name | | | Date approved | | | | | |
| Subject approval an | d notification to key s | taff | | | | | | |
| Subject | Teacher Head of Departi | | Department | Approved due date | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Application for exte | nsion approver action | s required: | | | | | | |
| New due date communicated to HOD | | | | | | | | |
| New due date communicated to student/parent | | | | | | | | |
| Extension tra | Extension tracking completed on SharePoint | | | | | | | |