

CENTENARY HEIGHTS STATE HIGH SCHOOL

APPLICATION FOR ASSESSMENT EXTENSION

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					
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	Δ	Assessment Type	Due Date	Requested extension date

School use only

Student's name								
Extension granted	□ Yes □ No							
Staff Name			Date approve	ed				
Signature			,					
Subject approval an	d notification to key staff							
Subject	Teacher	Head o	f Department	Approved due date				
Application for exte	nsion approver actions re	quired:						
☐ New due dat	New due date communicated to HOD and class teacher							
☐ New due dat	due date communicated to student/family							
☐ Extension tra	on tracking completed on SharePoint							