



# YASS HIGH SCHOOL

## Assessment Task Extension Application

Name: ..... Year: ..... Date: .....

Subject: ..... Teacher: .....

Assessment Task Number (as per booklet): .....

Assessment Task Title: .....

I apply for an extension based on consideration of the following factors which may affect my performance in this Assessment Task. (Documentary evidence must be provided except in exceptional circumstances).

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.....

Proposed new date: .....

In applying for this special consideration, I assure the Principal that I am not seeking unfair advantage over other students in this course.

Student's signature: ..... Date: .....

Parent/Carer's signature: ..... Date: .....

Recommendation of Teacher/ Head Teacher:

.....  
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Signature of Teacher/ Head Teacher: ..... Date: .....

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### **Recommendation of Assessment Panel: Application for Extension**

Name:..... Year: .....

Subject: ..... Teacher: .....

Assessment Task Number (as per booklet):.....

Decision details:.....

Principal: ..... Date: .....

Year Adviser: ..... Date: .....

Head Teacher of Teaching and Learning: ..... Date: .....