



# 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comment: \_\_\_\_\_

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### Application for Extension – Panel Recommendation If Extension is not recommended by Head Teacher

Decision Details: \_\_\_\_\_

Deputy/Principal: \_\_\_\_\_ Date: \_\_\_\_\_

*Original to student, copy to teacher & student file*