



Assessment Task Extension/Reschedule Application Form

(To be submitted to classroom teacher)

Section A (To be completed by the student)

Student Name.....

Year

Course

Faculty

Class Teacher.....

Head Teacher.....

Assessment Task Name

Task No.....

Date Issued.....

Due Date.....

Weighting..... %

Nature of Task: (please circle)

Assignment

Examination

Field Work

Listening Task

Major Work

Performance

Portfolio

Practical Task

Research Activity

Speaking Task

Viewing Task

Written Task

Other (please specify).....

Section B (To be completed by the student)

Reason for the application for an extension/reschedule

(Attach an extended statement or documentation as necessary. Eg: Medical Certificate)

Student Signature.....

Date.....

Parent Signature.....

Date.....

Section C (OFFICIAL USE ONLY: To be completed by the relevant Faculty Head Teacher)

Resolution Decision: ACCEPTED / REJECTED

Revised date of submission.....

Comments

Faculty Head Teacher signature.....

Date

(Copy to: student, parent, and student file)