



St. Ursula's College

Application for assignment extension – Junior and Middle School (Year 7, 8, 9, 10 students)

(Request must be made at least 3 school days prior to due date.)

Date of application: _____

Name: _____ Year level: _____

Subject: _____ Teacher: _____

Assignment task: _____

Reason for extension (please check)

- Medical reasons
- Family commitment
- Other (please provide) _____

Task distributed on: _____

Task due date: _____

Parent/Guardian signature: _____

Student signature: _____

Teacher to complete

Progress check date: _____

Draft or conference date: _____

Satisfactory/unsatisfactory evidence of work completed at this time.

Further information to support decision: _____

Teacher signature: _____

Date: _____

Head of Department to complete

Extension granted. *(please attach this form to task)* Due date: _____

Extension denied. _____

Head of department signature: _____

Date: _____

Form affixed to student response.

Copy of form uploaded to TASS