



Glenmore State High School

APPLICATION FOR EXTENSION

Application for:

Modified Examination Date

Assignment Extension

Name:	Year level:
Subject:	Teacher:
Assessment Item:	Date due/Exam date:

Reason for Extension:

Parent's Signature: _____ Date: _____

Documentary Evidence Attached

Medical Certificate

Other – please specify (eg parent note)

Recommendation:

Teacher's Signature: _____ Date: _____

EXTENSION:

Granted

New Due Date:

Not Granted

HOD's Signature: _____ Date: _____