



Nanango State High School

Student Request for Assignment Extension/Special Consideration

This form is to be used when a student is requesting special consideration regarding a piece of assessment which can include an **extension of the Due Date for a Draft and/or an extension of the Due Date for the Final Copy.**

Section 1: Student to complete first

Student Name: _____ Form Class: _____

Subject: _____ Teacher: _____

Due Date for Draft: ____/____/____ Due Date for Final Copy ____/____/____

Date application submitted: ____/____/____ Assessment Title: _____

Reason for request (supporting documentation to be attached e.g. Medical Certificate)

This application relates to the **Draft / Final Copy** (please circle)

Parent / Guardian Signature: _____ Date: ____/____/____

Section 2: Subject Teacher

Comment: _____

Draft sighted Yes / No (please circle) Teacher signature _____

Section 3: Head of Department/Administration

Comment: _____

_____ HOD/Admin Signature: _____

Request supported? Yes / No (please circle) Extended Date: ____/____/____

Please copy the completed form, return copy to teacher and original to student

STUDENT TO ATTACH COMPLETED FORM TO FINAL COPY OF ASSESSMENT OR DRAFT

NOTE:

- ✓ It is the responsibility of the student to have this form completed **PRIOR to the due date** for the Draft or the Final copy, whichever the application applies to.
- ✓ Students collect the form from the Admin Office or download from the school website
- ✓ Students are to complete Section 1 before handing this form to their teacher.
- ✓ Completion of this application does not guarantee support for the application.
- ✓ A separate must be completed for each piece of assessment