



Application For Extension Of Time Form

To be completed by the student.

Date of application for extension of time:	/ /
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Student's Name:	
Unit of Study:	
Teacher:	

Original due date for the competition of the task:	/ /
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Details of course work or task:

Reasons for application of extension of time:

This section to be completed by the teacher of the Unit of Study:

- Extension of time **granted**
 Extension of time **not granted**

Reason (if not granted):

New due date for the competition of the task:	/ /
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Signed by Class Teacher:	/ /
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THIS FORM WILL BE RETAINED BY THE UNIT OF STUDY TEACHER