

## NCEA INTERNAL ASSESSMENT

## **REQUEST FOR AN EXTENSION**

- An extension must be for a valid reason: ill health, bereavement, sport or cultural leave
- Suitable supporting evidence is required: medical certificate, letter from caregiver

## Complete this form and give/email it to your subject teacher.

| NAME                                  |                          | TEACHER |                      |       |  |  |
|---------------------------------------|--------------------------|---------|----------------------|-------|--|--|
| SUBJECT                               |                          |         |                      |       |  |  |
| ASSESSMENT TASK:                      |                          |         |                      |       |  |  |
| ACHIEVEMENT STANDARD NUMBER:          |                          |         |                      |       |  |  |
| DATE ASSESSMENT WAS DUE:              |                          |         |                      |       |  |  |
| REASON FOR APPLYING FOR AN EXTENSION: |                          |         |                      |       |  |  |
|                                       |                          |         |                      |       |  |  |
|                                       |                          |         |                      |       |  |  |
|                                       |                          |         |                      |       |  |  |
|                                       |                          |         |                      |       |  |  |
|                                       |                          |         |                      |       |  |  |
| SUPPORT                               | ING EVIDENCE: Medical Co | ert 🗌 L | etter from caregiver | Other |  |  |
| STUDENT                               | SIGNATURE:               |         | DATE:                |       |  |  |

| SUBJECT TEACHERS NAME:             |                         |                     | DATE |  |  |
|------------------------------------|-------------------------|---------------------|------|--|--|
| RECOMMENDATION                     |                         |                     |      |  |  |
|                                    |                         |                     |      |  |  |
|                                    |                         |                     |      |  |  |
| HOD:                               | SUPPORTED/NOT SUPPORTED | NAME AND SIGNATURE: |      |  |  |
|                                    |                         |                     |      |  |  |
|                                    |                         |                     |      |  |  |
| If approved – NEW SUBMISSION DATE: |                         |                     |      |  |  |
|                                    |                         |                     |      |  |  |

A copy is to be included with the assessement.