Special Consideration – Extension Request

This application must be made **at least 3 school days BEFORE** the assessment task original due date

Student name:		Year:		PC:	

Subject:		Teacher:	
Assessment Task:			
Date issued:		Date due:	

Reason for Special Consideration request:	
Number of Days being requested:	

Student signature:		Teacher Signature:	
Parent signature:		Date:	
Date:		Teacher Comment:	

Office Use only:

To be completed by Senior Studies Coordinator. Extension is:	
Granted	
New Due Date:	
Any additional adjustments approved:	
Not Granted	
Reason:	

Faculty Leader signature:		Snr Studies Co Signature:	
Date:		Date:	

Approved by:	*Kathleen Garvie – AP Teaching and Learning*
Audience:	*Y11 and Y12 Students*
Implementation Date:	*March 2022*
Form Last Updated:	*October 2025*
Revision Date:	*October 2026*