



ST PAUL'S CATHOLIC COLLEGE

APPLICATION FOR EXTENSION / APPEAL

This form is to be completed by **students in Years 10 – 12** who require an extension on the due date of a task **OR** if the student was absent with a valid reason on the due date of the task and are appealing loss of marks. Absence may be because of illness; misadventure or other circumstances out of the student's control; application for approved leave.

Please indicate if this is an application for appeal or extension by placing a tick in the appropriate box:

| | | |
|---|--------------------------|-----------------|
| Appeal (application after the due date) | <input type="checkbox"/> | Go to Section A |
| Extension (application before the due date) | <input type="checkbox"/> | Go to Section B |

STUDENT: _____ **YEAR:** _____

COURSE: _____ **ASSESSMENT TASK:** _____

TEACHER: _____

DUE DATE OF TASK: _____

Section A: Application for Appeal

If the task is submitted late how many days late: _____

REASON FOR APPEAL

INDICATE THE SUPPORTING EVIDENCE INCLUDED WITH THIS APPLCIATION:

please circle

- | | | |
|---------------------------------------|-----|----|
| 1. Medical Certificate attached | YES | NO |
| 2. Parental Note attached | YES | NO |
| 3. Other supporting evidence attached | YES | NO |

Date above action was taken by student: _____

SIGNATURE OF STUDENT: _____ **DATE:** _____

SIGNATURE OF PARENT/CARER: _____ **DATE:** _____

TEACHER'S COMMENT

SIGNATURE OF TEACHER: _____ **DATE:** _____

Section B: Application for Extension

An application for extension can only be made up to TWO days before the due date of a task.

REASON FOR EXTENSION

INDICATE THE SUPPORTING EVIDENCE INCLUDED WITH THIS APPLCIATION:

please circle

- 1. Medical Certificate attached YES NO
- 2. Parental Note attached YES NO
- 3. Other supporting evidence attached YES NO

Date above action was taken by student: _____

SIGNATURE OF STUDENT: _____ **DATE:** _____

SIGNATURE OF PARENT/CARER: _____ **DATE:** _____

TEACHER'S COMMENT

SIGNATURE OF TEACHER: _____ **DATE:** _____

THIS FORM MUST BE SUBMITTED via STUDENT RECEPTION

OFFICE USE ONLY

COMMENTS AND RECOMMENDATIONS OF THE ASSESSMENT COMMITTEE

OUTCOME OF APPLICATION:

| | |
|--|--|
| Appeal Upheld – task has been completed, no loss of marks | |
| Appeal Upheld – revised due date of task..... no loss of marks | |
| Appeal Upheld – alternate task to be completed | |
| Appeal Declined | |
| Extension Approved – revised due date | |
| Extension Declined | |
| Student, parent/carer, teacher notified of outcome: | |

Appeal Committee Representative: _____ **DATE:** _____