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)	
Extension (application before the due date)	

STUDENT: _____ **YEAR**: _____

COURSE:_____ **TASK NUMBER**: _____

TEACHER: _____

DUE DATE OF TASK: _____ SUBMISSION   OR   IN-CLASS TASK

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

REASON FOR APPLICATION:

INDICATE THE SUPPORTING EVIDENCE INCLUDED WITH THIS APPLCIATION:

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

Once completed digitally, please print and sign below

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

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

PLEASE SUBMIT THIS FORM & ANY RELEVANT DOCUMENTATION via STUDENT RECEPTION

ADMIN: - DATE RECEIVED:

TEACHER COMMENT:

_____

_____

_____

_____

_____

_____

_____

TEACHER SIGNATURE:_____ **DATE:** _____

Has task been completed?   Yes   No

LEADER OF LEARNING COMMENT:

_____

_____

_____

_____

_____

_____

_____

LEADER OF LEARNING SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

COMMENTS AND RECOMMENDATIONS OF THE ASSESSMENT COMMITTEE

Appeal Upheld – task has been completed, no loss of marks	
Appeal Upheld - revised 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 upheld - result to be considered at end of Course	

Appeal Committee Representative: _____ DATE: _____