

MERCEDES COLLEGE
Assessment Extension Form

*Note: Extensions can only be applied for before the due date, and will only be granted under extenuating circumstances.
This document must be attached to the assessment.*

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|--------------------------------------|----------------------------------------------------------------------|
| Class Name: | |
| Teacher Name: | |
| Group Name (if applicable) | |
| Student Name: | |
| Assessment: | |
| Due date of Assessment: | |
| Parent Signature: | |
| Reason for extension request: | |
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| | If a medical certificate is available please staple it to this form. |

| Teacher Use Only | |
|--------------------------------------|--|
| Extension Granted? | |
| New due date (if applicable): | |
| Teacher Signature | |
| Comments | |
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