



EXTENSION OF TIME FORM

Student Name

Subject.....

Unit Number.....

Details of work to be completed

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Original Date for submission: ____/____/____

Requested Date for submission: ____/____/____

Please explain the reason for seeking an extension of time. Provision of third party evidence is preferable in having extension approved.

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Student Signature..... Date: ____/____/____

Parent / Guardian Signature..... Date: ____/____/____

Extension Approved: YES / NO

Extended Due Date: ____/____/____

Teacher Signature..... Date: ____/____/____

VCE Learning Coordinator Signature..... Date: ____/____/____

Copy returned to Subject Teacher: YES / NO

Copy returned to Student: YES / NO

Please note that an application for extension will not be automatically approved. Allow two days for administrative processing.

Any third party documentation to support this application will assist in its approval. For example, a medical certificate that identifies a student has been unable to perform school work for a period of days.