



# McAuley Catholic College

## REQUEST FOR EXTENSION OF TIME/SUBSTITUTE TASK PRELIMINARY/HSC ASSESSMENT

**Note:** All of the details requested must be provided as your request will be judged on the information submitted.

### STEP 1 - COMPLETE THE FOLLOWING

STUDENT NAME..... HOMEROOM.....

COURSE..... TASK NO.....

FULL DETAILS OF REQUEST:.....

FULL REASONS FOR REQUEST:(Attach supporting Medical certificate and/or other documentary evidence to the back of this form).

I agree not to discuss this assessment task with any other student until after every student has completed the task.

STUDENT SIGNATURE:..... DATE.....

### STEP 2 - NOW TAKE THIS TO YOUR TEACHER

TEACHER'S RECOMMENDATION: \* NOT APPROVED   
Initials:..... \* NEW DATE  .....  
\* SUBSTITUTE TASK  .....

SUBJECT COORDINATOR: \* NOT APPROVED   
\* NEW DATE  .....  
\* SUBSTITUTE TASK  .....  
\* OTHER  Please specify

SIGNATURE.....DATE.....

### STEP 3 - NOW TAKE THIS TO THE CURRICULUM COORDINATOR

\* NOT APPROVED   
\* NEW DATE  .....  
\* SUBSTITUTE TASK  .....  
\* OTHER  Please specify

SIGNATURE.....DATE.....

STUDENT INFORMED OF OUTCOME ...../...../.....