

NCEA EXTENSION/ COMPASSIONATE REQUEST

STUDENT: _____

SUBJECT: _____

TEACHER: _____

Standard No	Title of Standard	Level	Credit

ASSESSMENT ACTIVITY TITLE: _____

DATE WORK BEGAN: _____

DUE DATE: _____

REQUESTED EXTENSION or CONSIDERATION: _____

Please explain the reason for your extension request: _____

Please attach any evidence eg Doctor's note

STUDENT'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

DATE REQUEST SUBMITTED

TO NZQA/ NCEA TEACHER: _____

EXTENSION/ COMPASSIONATE REQUEST RETURN

This will be returned to the student within two school days.

Evidence Considered: _____

Other parties consulted: _____

Decision: _____

Date now/ still due: _____

Signed (subject teacher): _____

Date: _____

Students note that you may appeal an extension/ compassionate consideration decision
by filling out an Appeal Request