

# Sacred Heart Girls' College



## NCEA Assessment Extension Request

This form is for Medical or Bereavement. If this is for another reason please talk to your Dean, Manaaki or subject teacher or refer to the [student handbook](#) page 10

Student Name:			
NSN:			
Subject/s:			
Teacher/s:			
Achievement Standard Number:			
Reason for extension: <i>to be filled out by student.</i>			
Student sign:		Date:	
Parent/caregiver sign:		Date:	
Teacher endorsement:	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Reason if no:	
<input type="checkbox"/> EXTENSION GRANTED  <input type="checkbox"/> EXTENSION DENIED		New Due Date:	
Reason if extension denied: <i>to be filled out by teacher</i>			
Teacher sign:		Date:	
PN sign:		Date:	

*Note: The Principal's Nominee will notify the Student/Parents/Dean/Manaaki and Subject Teachers of the outcome.*