



FORM A – REQUEST FOR EXTENSION

To be completed by student/AARA Manager and relevant Teacher/s				
SUBJECT	TEACHER	DUE DATE	REQUESTED DUE DATE	TEACHER SIGNATURE

To be completed by Head of Department (HOD)				
SUBJECT	ASSESSMENT ITEM*	REVISED DUE DATE	HOD NAME	HOD SIGNATURE

*e.g. (Yr 11/12): IA2 extended written response *e.g. (Yr 7-9): oral presentation

Student Signature: _____

Date: _____

Guardian Signature: _____

Date: _____

AARA Manager Signature: _____

Date: _____

Please submit your completed form and supporting documentation to the office. You will be advised of the outcome via email. If you have questions about the process or the outcome, please see your AARA Manager.

OFFICE USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> All relevant sections completed/signed | <input type="checkbox"/> OneSchool record complete |
| <input type="checkbox"/> Supporting documentation received | <input type="checkbox"/> AARA spreadsheet updated |
| <input type="checkbox"/> Student / HOD / Teacher / Parents advised of outcome of AARA application | <input type="checkbox"/> Application filed on G Drive and student file |
| | <input type="checkbox"/> Application submitted to QCAA if relevant |