

KARAMU HIGH SCHOOL APPLICATION FOR EXTENSION - 2017

Student's Name:	Form:
Subject and Level:	Teacher:
Standard number and Title:	
Date assessment is due:	
Reason for asking for an Extension of time:	
	- /
Student's signature:	Date:
Evidence of work (sighted by the teacher) to date:	
Head of Faculty recommendation with reason:	
Head of Faculty signature:	Date:
Final decision:	
Assessment is due:	
PN Signature:	Date:

Students are advised to continue working while a decision is being made