



KARAMU HIGH SCHOOL APPLICATION FOR EXTENSION

Student's Name:	Form:
Course 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:	
HOF recommendation with reason	
HOF signature: _____ Date _____	
Final decision:	
Assessment is due: _____	
PN Signature: _____ Date: _____	

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