



Where Second Chances Lead to Success...

Kingston Learning College
Excellence in re-engagement

REQUEST FOR:

**ASSIGNMENT/EXAM EXTENSION
SPECIAL CONSIDERATION FOR ASSESSMENT**

* To be attached to assignment/exam when assigned submitted. **RED** fields **must** be filled in.

STUDENT'S NAME:

SUBJECT:

SUBJECT TEACHER:

ASSESSMENT:

DUE DATE OF ASSESSMENT:

STATE REASON/S FOR REQUEST FOR **EXTENSION** OR SPECIAL **CONSIDERATION**

MEDICAL CERTIFICATE ATTACHED: YES / NO

PARENTAL NOTE ATTACHED: YES / NO

TEACHER

COMMENTS:

ASSISTANT DIRECTOR

COMMENTS:

EXTENSION REQUEST

APPROVED / NOT APPROVED

REVISED DUE DATE:

TIME:

ROOM:

Assistant Director Signature:
