



IONA COLLEGE

APPLICATION FOR EXTENSION

Student:		Year & Tutor Group:	
Subject:		Teacher's Name:	
Task for which extension is required:		Date of Request:	
		Task Due Date:	
Reason an extension is requested:			
Please circle:			
Have you discussed this with your teacher?		Yes	No
Has a medical certificate been sighted by your teacher?		Yes	No
Has a draft of the assignment been sighted by your teacher?		Yes	No
Parent's Signature:		Date:	
Teacher's Comments:			
Teacher's signature:			
Head of Department Comments:			
Extension Approved:		Due Date:	
Yes	No		
HoD Signature:		Date:	
This completed form must be submitted with your assignment and kept in your student folio.			