



APPLICATION FOR EXTENSION

MR. SMITH | ROOM 2D2 | DASMITH@SJSD.NET

COLLEGE STURGEON HEIGHTS COLLEGIATE

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Student Name: _____

Teacher Name: _____

Current Mark: _____

Course: _____

Name of Assignment: _____

Date Assigned: _____

Date Due: _____

The reason for falling behind on this assignment was (check all that apply):

- Illness
- Insufficient time to complete the assignment
- Course load from other classes
- School activity commitments
- Outside work commitments
- Outside activity commitments
- Family issues
- Other _____

You must also attach a copy of the work that you have been able to complete to this point.

Dear Parent,

If you approve of the reason your child is not submitting this assignment on time, they will be granted a 3 day extension to complete the assignment (subject to a 10% late penalty). If it is not handed in by the new due date, your child will be given a final mark of zero on this assignment.

If you do not approve of the reason your child is not submitting this assignment on time, no extension will be given. They will be required to hand in whatever they have been able to complete up to this point and will receive a mark based on their completed work.

Please sign on the appropriate line below to indicate your choice.

Parent/Guardian signature:

I _____ am aware that my child has fallen behind on this assignment, and I **approve** of the reason given.

I _____ am aware that my child has fallen behind on this assignment, and I **do not approve** of the reason given.