PARK EAST HIGH SCHOOL
Purpose, Preparation, Pride

Mr. Ott

Assignment Extension Request Form

1 – PERSONAL DETAILS

Name_____

Contact Phone _____

E-mail Address_____ **Course Name**

( ) AP Euro ( ) Global History
( ) Global History Themes

2 – ASSESSMENT EXTENSION DETAILS

Term & Year	Unit Name	Educator Name	Class Period	Assignment Name	Original due date	New due date as granted by Educator
		Mr. Ott				

Number of extensions requested throughout the school year for this course.
Only Five (5) extensions can be granted througout the school year.

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐

Reasons for applying for an extension with extenuating circumstances

How has this affected your ability to complete your assessment?

Number of additional days extension you are requesting: ____ **days**

The ength of time granted will be dependant upon the nature, severity and duration of the grounds for the application; a maximum of one week can be granted.