

**Lockview High School**

**Request for an Extension for a MAJOR Assessment**

**(Form must be submitted to your teacher a MINIMUM of two days prior to the original due date)**

Student Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Subject: \_\_\_\_\_

Major Assessment for the Extension Request is being made:

\_\_\_\_\_

Original Due Date of Assessment: \_\_\_\_\_

Due Date Requested: \_\_\_\_\_

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

For Department/Office Use Only

Extension Request:    Granted        Revised Due Date: \_\_\_\_\_  
                                 Denied   

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Signature of Dept. Head