INTERNATIONAL SCHOOL of WESTERN AUSTRALIA

ISWA Diploma-Application for Extension

Name:	Assignment:
Teacher:	Subject:

Written Submission:

(In one hundred words or less, outline the circumstances that give rise to this application, as well as the length of extension that you require.)

Please attach any relevant medical certificates or supporting documentation to the back of this application.

Application Granted ☐

Application rejected ☐

Length of extension granted _____

Teacher signature: Date:

Coordinator's Signature…… Date:

A UNIQUE VIEW ON EDUCATION

22 KALINDA DRIVE, CITY BEACH, WESTERN AUSTRALIA 6015
TELEPHONE: 61 8 9285 1144 • FACSIMILE: 61 8 9285 1188 • WEBSITE: www.asie.wa.edu.au
MAILING ADDRESS: P.O. BOX 366, FLOREAT, WESTERN AUSTRALIA 6014
ABN 99 023 470 408 CRICOS Provider Code 02674G