



# APPLICATION FOR CONSIDERATION

Students must read the relevant section in their Assessment Booklet before completing this form.

Student's Name: \_\_\_\_\_ Year: \_\_\_\_\_

Course: \_\_\_\_\_ Class Teacher Name: \_\_\_\_\_

Task: \_\_\_\_\_ Original Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Category:

- Appeal due to illness, absence or misadventure
- Appeal in relation to the assessment and/or course rank
- Request for extension of time
- Request for change of assessment date

Reason for Appeal/ Request:

- Illness/ injury       Bereavement       Misadventure       Work placement
- School representation       Excursion       Approved leave       Other (specify)

State details to support your case or attach statement

---



---



---

Medical Certificate is attached: Yes  No

Additional information attached: Yes  No

- I declare that the information I have provided is true and accurate
- If I am completing an assessment task before the scheduled date I will not discuss or divulge any information relating to the assessment task prior to the scheduled time and date
- If I am completing the assessment task after the scheduled date, I will not seek to gain information from other students.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Signature of student      Date      Signature of Parent/ Caregiver      Date

Head Teacher Recommendation:

Reason for decision:

- Complete a substitute task \_\_\_\_\_
- Estimate to be given \_\_\_\_\_
- No marks to be awarded \_\_\_\_\_
- Sit or submit the task without penalty \_\_\_\_\_
- Task to be submitted with penalty \_\_\_\_\_
- Extension granted \_\_\_\_\_ New Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Head Teacher      Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Principal      Date

- Parent contact
- Recorded on Sentral and NESA Schools Online

- Original To Be Retained In Faculty Records
- Copy To Year Adviser And Relevant Deputy Principal

