

SPECIAL CONSIDERATION - Extension, Illness, Misadventure, Appeal (APPENDIX 1)



Name: Year: Date:

Subject: Teacher:

Assessment Task Title:

I wish to apply for an: Extension Illness Misadventure Appeal

based on the consideration of the following factors which may affect my performance in this assessment task. Supporting evidence (medical certificate or other) must be provided.

In applying for this special consideration, I assure the Principal that I am not seeking unfair advantage over other students in this course.

Student: Parent/Carer:

Recommendation of Teacher/Head Teacher:

Teacher: Head Teacher:

ASSESSMENT COMMITTEE

Special consideration Upheld: Denied:

Assessment Committee comment:

Principal/DP: Assessment Coordinator:

Year Adviser: Date: