



Our Lady of Mercy Catholic College Burraneer

Variation of Assessment Application Form Illness, Misadventure, Leave and Representation

Student section: (Complete in full and submit to Student Services)

Student name: _____ Year: _____ Class teacher: _____

Subject: _____

Task/s: _____

Reason/s for application: (Tick the appropriate box AND describe the circumstances of your application)

Illness Misadventure Leave Representation

Description: _____

Supporting documentation: (Attach supporting documentation to this application form)

Medical certificate Parent/carer letter Counsellor's statement

Other documentation: _____

Task has been submitted/completed: Yes No Date of submission/completion: _____

I hereby request for consideration of a variation of assessment procedure for the assessment task/s stated above by the Academic Review Committee. I declare that all information and documentation supplied is true and correct.

STUDENT SIGNATURE PARENT/CARER SIGNATURE DATE OF SUBMISSION

Class teacher section:

Documentation sighted: Yes No Date: _____

Assessment task submitted/complete: Yes No Date: _____

Alternative date to complete/submit: Yes No Date: _____

Class teacher's signature: _____ Date: _____

KLA Coordinator section:

New task Complete original task Estimate No penalty Zero for non-compliance

Comment/action: _____

KLA Coordinator signature: _____ Date: _____

Leader of Teaching and Learning section:

Application decision: Approved Declined

Leader of Teaching and Learning signature: _____ Date: _____

Student advised via email: Date: _____