

Special consideration (Extension, Illness/Misadventure, Appeal)



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Name: Year: Date:

Subject: Teacher:

Assessment Task Number (as per Assessment Policy booklet):

Assessment Task Title:

I wish to apply for an (please circle) Extension, consideration for Illness/Misadventure or Appeal a result, based on consideration of the following factors which may affect my performance in this Assessment Task. (Documentary evidence must be provided, except in exceptional circumstances.)

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

STUDENT SIGNATURE: PARENT/GUARDIAN SIGNATURE:

Recommendation of Teacher/Head Teacher:

SIGNATURE OF TEACHER/HEAD TEACHER:

Recommendation of Assessment Committee:

SPECIAL CONSIDERATION: Upheld: Denied:

Subject/course: Assessment Task Number:

Assessment Task Title:

PRINCIPAL/DP:

YEAR ADVISER:

ASSESSMENT COORDINATOR:

DATE: