

ASSESSMENT APPLICATION FOR CONSIDERATION

Years 10, 11 & 12

ONE form per subject required.



Student Name: _____	Year: ____	Subject: _____		
Assessment number: _____	Assessment Type: Test / Assignment / Speech	Task Weighting: _____%		
Class Teacher: _____	Head Teacher: _____	Assessment Due Date: _____		
Application for: <input type="checkbox"/> Illness	<input type="checkbox"/> Misadventure	<input type="checkbox"/> Leave	<input type="checkbox"/> Extension	<input type="checkbox"/> Appeal

Submission

Submit this form to the Registrar in the library or email to ulladulla-h.school@det.nsw.edu.au when complete

- Leave and Extension - two weeks prior to assessment
- Appeals - within two school days of receiving result
- Illness and Misadventure - immediately upon return to school

Details/Reason for application must be provided:

Supporting documentation attached. eg: Doctors certificate, accident report, holiday bookings

Yes No

Have you previously made an 'Application for Consideration' for this course?

Yes No

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Student Signature Date

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Parent Signature Date

SCHOOL USE ONLY

Teacher Recommendation: Select ONE option below:

Extension: Specify new date: ___ / ___ / ___

Alternative task

Assessment to be completed and marks awarded without penalty

Other: _____

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Teacher Signature Date

Head Teacher Recommendation:

Supported

Not Supported

Comment (if required): _____

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Head Teacher Signature Date

SUBMIT FORM TO THE LIBRARY WHEN COMPLETED

Office Use Only

Date Received: ___ / ___ / ___

Registrar uploaded to Sentral

Registrar Signature: _____

Deputy Principal Decision:

Approved

Not Approved

Signature: _____ Date: ___ / ___ / ___

Moderated Mark: Estimate mark based on average of all assessment tasks completed in the course, in consultation with Principal.

NB: Estimates or modifications to results cannot be made to more than 50% of tasks.

Assessment task completed and awarded marks will be revisited prior to NESA submission