ASSESSMENT EXCELLENCE BOARD APPLICATION FOR CONSIDERATION Years 10, 11 & 12



ONE form per subject required

Student Name:	Yea	r:	Subject:	
Assessment number:	Assessment Type: Test /	Assignment / Sp	eech Task We	eighting:%
Class Teacher:	Head Teacher:		Assessment Due Date:	
Application for:	☐ Misadventure	Leave	Extension	Appeal
Submission Submit this form to the Registrar in Leave and Extension - two wee Appeals - within two school day Illness and Misadventure - imm	ks prior to assessment /s of receiving result		det.nsw.edu.au when c	omplete
Details : Supporting documentation	n attached. Eg: Doctors cert	ificate, accident	report, holiday bookin	gs Yes No
Have you previously made an 'Ap	plication for Consideration	' for this course	e?	Yes No
Student Signature	// Date	Parer	nt Signature	// Date
Alternative task	te:// ted and full marks awarded		ty	
Class Teacher Signature	// Date	 Head Tea	acher Signature	// Date
Office Use Only Date Received://	Registrar uploaded to	Sentral Reg	jistrar Signature:	
Assessment Excellence Board De	cision:			
	Not Approved	Signature:		Date: / /
consultation with Principa	e mark based on average of Il. results cannot be made to more th		tasks completed in the	course, in
Moderated Mark: Estimate consultation with Principa NB: Estimates or modifications to	il.	an 50% of tasks.		course, in