

ASSESSMENT EXCELLENCE BOARD

APPLICATION FOR CONSIDERATION Years 10, 11 & 12



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		

Details: Attach supporting documentation. Eg: Doctors certificate, accident report, holiday bookings

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

Yes No

Teacher recommendation: Select ONE option below:

- Extension: Specify new date: ___ / ___ / ___*
- Assessment to be completed and full marks awarded*
- Alternative task*
- Other: _____*

Teacher Comment:

Signatures

_____ Student ___/___/___ Date	_____ Parent ___/___/___ Date
_____ Class Teacher ___/___/___ Date	_____ Head Teacher ___/___/___ Date

Submission

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

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

Office Use Only

Date Received: ___/___/___ Registrar uploaded to Sentral Registrar Signature: _____

Assessment Excellence Board 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.

Comment:
