



## 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: \_\_\_\_\_