ASSESSMENT TASK APPEAL

To be used in □ absent from task
the case of: □ task handed in after due date
(please tick) □ application for extension of time / special consideration
□ illness or misadventure on the day of the task

Name: ___________________________ ___________________________ Roll Call: _____
(Family Name) (Given Name)

Course: ___________________________ Class: ___________ Year: □ Yr 12 HSC
(Tick) □ Yr 11
□ Yr 10
□ Yr 9
□ Yr 8
□ Yr 7

Teacher’s Name: ___________________________

Assessment Task: ___________________________

(Due) Date of Task: ___________ Date of return to the College: ___________
(in case of absence)

Reason(s) supporting application:


□ I have attached a Medical Certificate from Dr: ___________________________

I have attached a supporting letter from my parent/caregiver: Yes / No (please circle)

Student Signature: ___________________________ Date: ___________

Parent Signature: ___________________________ Date: ___________

Determination: □ Zero mark to be awarded
□ Task to be accepted with no penalty
□ Missed task to be completed on/by ___________ (Date)
□ Alternative task to be completed on/by ___________ (Date)
□ Special consideration granted
□ Extension of time granted. Due on/by: ___________ (Date)

Determination Endorsed: ___________________________ Date: ___________
(Assessment Coordinator)

_________________________
(Parent Acknowledgement) Date: ___________