### Illness and Misadventure Form

**Name of assessment task:** 

**Due date of task:** ____/____/____  
**Has the task been submitted?**  
☐ Yes  
☐ No  

**What is the nature of your request?**  
☐ Consideration for extension of time  
☐ Acceptance of late submission  
☐ Sit an alternate assessment  
☐ Other (please state) ____________________

**Reason for the request**

__________________________________________________________________  
__________________________________________________________________  
__________________________________________________________________

**Attach any supporting documentation.**

Eg Doctor’s Certificate,  
Parent Letter

__________________________________________________________________  
__________________________________________________________________  
__________________________________________________________________

**Student’s signature:** ___________________________  
Date: ____/____/____

**Parent signature:** ___________________________  
Date: ____/____/____

Submit to the Teaching and Learning Coordinator

(office use only)

**Comments:**

__________________________________________________________________  
__________________________________________________________________  
__________________________________________________________________

☐ Alternative assessment task to be set  
☐ Extension of time granted until _____/____/_____  
☐ Evaluate mark at the end of the course  
☐ Estimate mark based on similar tasks  
☐ No credit for this task (Warning Letter to be sent)  
☐ Documentation required ____________________

**Teaching and Learning Coordinator:** ___________________________  
Name  
Signature  
Date