

Date: ___/___/___

Student's Name: _____

Year:

Subject: _____

Teacher: _____



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