

ASSESSMENT TASK APPEAL

To be used in	☐ absent from task					
the case of:	☐ task handed in after due date					
(please tick)	\square application for extension of time / special consideration					
	☐ illness or misadventu	re on the day of the	e task			
Name:					Roll Call:	
	(Family Name) (Given Name)					
Course:	Class:		Year:	☐ Yr 12 HSC		
				☐ Yr 11		
Teacher's Name:				,	☐ Yr 10	
					☐ Yr 9	
Assessment Task:					☐ Yr 8	
					☐ Yr 7	
(Due) Date of Task	:: Date	of return to the Co	llege:			
,		(in case of absence)				
Reason(s) support	ing					
application:				-		
					-	
$\hfill \square$ I have attached	a Medical Certificate from	m Dr:				
I have attached a s	supporting letter from my	y parent/caregiver:	Yes /	No (pl	ease circle)	
Student Signature:			Date:	ate:		
					19	
Determination:	☐ Zero mark to be awarde	d				
	☐ 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 gra					
	☐ Extension of time grante	ed. Due on/by:	250	(Date	e)	
Determination Endorsed:			Date:			
	(Assessment	888			2	
			Data			
	(Parent Ackno	owledgement)	Date.			