



HSC Assessment Variation Form Request for Extension and/or Consideration Due to Illness or Misadventure

Assessment Year: Year 11 HSC

Students are to fill in the form and return to the Classroom Teacher.

| | | |
|--|-------------------|---------------------------------|
| Student Name: _____ Teacher Name: _____ | | |
| Course: _____ Task No. and Name: _____ | | |
| Scheduled Completion Date: _____ | | |
| Nature of task: (please tick) | | |
| Examination | Portfolio | Written Task |
| Performance | Research Activity | Speaking Task |
| Assignment | Practical Task | Field Work |
| Listening Task | | |
| Reason for consideration: | | |
| illness | misadventure | |
| accident | other. Comment: | |
| _____ | | <i>Date</i> |
| <i>Name/signature of student</i> | | |
| _____ | | <i>Date</i> |
| <i>Name/signature of parent/carer</i> | | |
| Classroom Teacher Comment: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | <i>Date</i> |
| <i>Name/signature of Classroom Teacher</i> | | <i>Please go to next page →</i> |

Faculty Head Teacher Recommendation:

- Sit or submit the task without penalty
- Complete an alternative task
- Approve an extension without penalty
- Estimate to be given
- Task to be submitted with penalty No extension granted
- No marks to be awarded

Reason for decision:

New Date (if applicable)

Signature of Faculty Head Teacher *Date*

Deputy Principal Stage 6 Recommendation:

Signature of Deputy Principal Stage 6 *Date*

- * **Original given to student**
- * **Copy given to Classroom Teacher**
- * **Copy retained by Deputy Principal**
- * **Added to Sentral**