



Year 10 & 11 AARA - Request for adjustment to Assessment

To be arranged with the HOD - Year Level at least one week prior to submission.

Part A To be completed by the student

Student _____ Year _____

Subject _____ Teacher _____

1	Extension to timeline for upcoming assessment from HOD and class Teacher	
2	Extension to timeline for upcoming examination being sought from HOD and class teacher	
3	Medical Condition necessitating special consideration to assessment being sought from HOD and class teacher	
4	Request for Exemption for Assessment (Bereavement, Long Term Medical)	

To be completed by student/case manager

SUBJECT & ASSESSMENT* <small>*e.g. English / Written assignment / IA2</small>	TEACHER	DUE DATE

Reason (Attach Evidence)

Student is making the request to vary the condition because:

Relevant documentation has been attached - Yes/No

Declaration: In applying for this variation, I assure that I am not seeking an unfair advantage over other students in this course.

Student Name _____ Parent Name _____

Student's Signature _____ Parent's Signature _____



Part B

To be completed by Head of Department

Extension Approval

To be completed by Head of Department (HOD)			
SUBJECT & ASSESSMENT*	REVISED DUE DATE/S	HOD NAME	HOD SIGNATURE

Reason if not granted

NOTE THIS FORM MUST BE ATTACHED TO THE ASSIGNMENT WHEN IT IS SUBMITTED.

OFFICE USE ONLY

<input type="checkbox"/> All relevant sections completed/signed	<input type="checkbox"/> OneSchool record entered / updated
<input type="checkbox"/> Supporting documentation received	<input type="checkbox"/> ID Attend updated
<input type="checkbox"/> Student / HOD / Teacher / Parents / DP advised of outcome of AARA application	<input type="checkbox"/> Application filed in student file in Admin