

Diversity Success

ASSESSMENT TASK APPEAL FORM

FORM B - EXCEPTIONAL CIRCUMSTANCES: PERSONAL

Used to justify the inability of a student to submit or complete an assessment task with genuine reason prior to the due date of the scheduled assessment task.

Part A (to be completed	d by the student)						
Student Name:	Year: Faculty:						
Course:	her: Date of appeal:						
Task Name		Task No.	Date issued		Date due	Weighting	
Nature of task: (pleas	se circle)					I	
Assessment	Examination	Listening Task		Major Wo	rk Perfor	Performance	
Portfolio	Practical Task	Speaking Task		Viewing T	ask Other	Other	
	lication:						
Student signature:		P	arent/care	giver signatur	e:		
	d all relevant suppor ceptional circumstal		ation, incl	uding the task	/exam notification, e	evidence to	
Part C (OFFICIAL USE	ONLY: to be completed	by the relevant D	eputy Princi	pal)			
Application decision:	Accepted	/ Declined					
Task rescheduled:	☐ Yes	□ No	Classroor	n teacher signa	ıture:		
Date of rescheduled to	ask:						
Comments:							
Deputy Principal Sign	nature:			Dα	te:		