



## ASSESSMENT TASK APPEAL FORM

### FORM C – EXCEPTIONAL CIRCUMSTANCES: SCHOOL APPROVED ACTIVITY

Used to request a change of date for an assessment task that clashes with a **school approved activity**, e.g. work placement, in which the student is directly involved. This form should be completed **one week prior** to the scheduled activity.

#### **Part A** (to be completed by the student)

Student Name: ..... Year: ..... Faculty: .....

Course: ..... Teacher: ..... Date of appeal: .....

Task Name	Task No.	Date issued	Date due	Weighting

Nature of task: (please circle)

Assessment	Examination	Listening Task	Major Work	Performance
Portfolio	Practical Task	Speaking Task	Viewing Task	Other: .....

#### **Part B** (to be completed by the student)

Name of activity: ..... Date: .....

Location: ..... Organising Teacher: .....  
(name and signature)

Reason/s for this application:  
.....  
.....  
.....

Student signature: ..... Parent/caregiver signature: .....

Class teacher signature: ..... Head Teacher signature: .....

I have attached all relevant supporting documentation, including evidence of school approved activity, etc.

#### **Part C** (OFFICIAL USE ONLY: to be completed by the relevant Deputy Principal)

Application outcome: Accepted / Rejected Date of rescheduled task: .....

Head Teacher notified:  Yes  No

Class Teacher notified:  Yes  No

Comments:  
.....  
.....  
.....

Deputy Principal Signature: ..... Date: .....