

College Assessment Alteration Form

Student: _____ House: _____
Year: _____ Date: _____
Assessment Item/s: _____ Due Date/s: _____
Teacher/s: _____ Subjects/s: _____

Please indicate which of the following apply:

Extension to timeline for upcoming assignment
Extension to timeline for upcoming exam

Please indicate which of the following apply :

Medical condition requiring alteration of format or conditions
Non-medical circumstance requiring alteration to scheduled
assessment (ie: bereavement, school representative sport – please
note that family holidays are not eligible under QCAA guidelines for Year 11/12 and
require Principal approval in Yr 7-10)

Reason for seeking Alterations to the scheduled Assessment:

Year 7-10 will require supporting documentation for sporting and medical or professionally supported reasons for alterations to scheduled assessment. This includes a Medical Certificate or copies of forms naming the child as part of a squad or team (and the nature of the sporting level/organisation).

Year 11-12 will require a separate Medical Statement and possibly a Student Statement form from the QCAA – this can be made available from the QCAA or emailed to you by the College Office.

Student Signature: _____ Date _____
Parent Signature: _____ Date _____

Office Use:
Action

LML/DP _____ Teacher _____