

Stage 5 Illness / Misadventure / Extension / Appeal Form 2019



Use this form for failure to submit or complete an assessment task on time and absence from assessment tasks due to illness, accident or other misadventure.

STEP 1

Student Section *(Please fill out all details)*

| | |
|---|--------------------|
| Student Name: | Date: |
| Course Studied: 9/10 B/M | Class Teacher: |
| Assessment Task Number: | |
| Due Date: | Weighting of Task: |
| Reason for Appeal: Illness Misadventure Other (Please circle) | |
| Details: | |
| | |
| | |
| | |

| | |
|--|------------------------|
| Student Signature | Parent/Carer Signature |
| Medical Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Doctor: |

STEP 2

Teacher Section *(College use only)* Class teacher recommendation: ☐ Approved ☐ Declined

| | |
|--|-------|
| Class Teacher's Comment (if required): | |
| | |
| | |
| | |
| Teachers Signature: | Date: |

STEP 3

Teacher Section *(College use only)* Copy to student and on file: ☐ Yes ☐ No

| | |
|-----------------------------------|---|
| Approved <input type="checkbox"/> | Revised due date: _____ |
| Declined <input type="checkbox"/> | Refer to Appeals panel <input type="checkbox"/> |

Appeals Panel Decision:

| | |
|---|--|
| <input type="checkbox"/> Extension without penalty | <input type="checkbox"/> Set a substitute task |
| <input type="checkbox"/> Give an estimate based on the evidence | <input type="checkbox"/> Reason unacceptable, mark confirmed |
| <input type="checkbox"/> Other (specify) _____ | |

Copy to HoS: ☐ Yes ☐ No

Director of Studies signature: _____ Date: _____