

FORM C

STUDENT REQUEST FOR ALTERATION TO ASSESSMENT SCHEDULE

To be completed two weeks prior to assessment task

I wish to apply for an alteration to Assessment task schedule.

ASSESSMENT: _____

COURSE: _____

DATE OF TASK: _____

DATE NOW REQUESTED: _____

I request the following alteration to the above assessment task for the following reasons:

DOCUMENTARY EVIDENCE: (A Doctor's Certificate, Funeral Notice, etc. may need to be attached).

SIGNED: _____ (STUDENT)

SIGNED: _____ (PARENT/GUARDIAN)

DATE: _____

RECOMMENDATION/APPROVAL

TEACHER: _____ (APPROVED/NOT APPROVED)

TEACHER'S RECOMMENDATION: _____

(Include new date for submission)

LEADER OF CURRICULUM

APPROVED/NOT APPROVED _____