



ASPIRE - LEARN - ACHIEVE

Application for Extension / Variation to Exam Date

This form is to be used when a Year 11 or Year 12 student is requesting adjustments to assessment dates due to planned or unplanned absences or other extenuating and unavoidable circumstances

Student name:	Year level:
Reason for request:	Supporting documentation:
<input type="checkbox"/> Illness or injury	Medical certificate
<input type="checkbox"/> Funeral / bereavement	Parent contact – phone call / email Funeral notice if applicable
<input type="checkbox"/> School activity e.g. excursion, traineeship, VET training Details: _____	Nil
<input type="checkbox"/> Other – Please specify: _____ _____	To be confirmed upon application

Requested Extensions				
Subject	Assessment	Teacher	Due Date (Draft / Final)	Extension Date (Draft / Final)
			Draft: Final:	Draft: Final:
			Draft: Final:	Draft: Final:
			Draft: Final:	Draft: Final:
			Draft: Final:	Draft: Final:
			Draft: Final:	Draft: Final:
			Draft: Final:	Draft: Final:

Requested Variation to Exam Date				
Subject	Assessment	Teacher	Exam Date	Approved Date, Time, Location and Supervisor

To be completed by QCAA Principal's Delegate (Deputy Principal Senior Secondary Student Services)	
Application Received: ___ / ___ / ___ Decision Date: ___ / ___ / ___ Request Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No DP Signature: _____	Comments: _____
Copy to: <input type="checkbox"/> Student <input type="checkbox"/> Class teacher <input type="checkbox"/> Subject HOD <input type="checkbox"/> Snr Sec AO <input type="checkbox"/> Entered on QCAA Portal	