ST JOHN’S COLLEGE
YEAR 10, 11 and 12
VARIATION OF ASSESSMENT CONDITIONS FORM
(To be used for all extensions and requests for alternative dates for examinations)

STUDENT’S SECTION

STUDENT’S NAME: _____________________________

TEACHER’S NAME: _____________________________

ASSESSMENT ITEM: ____________________________ DATE DUE: ________________

REASONS FOR VARIATION (E.G. EXTENSION / ALTERNATIVE EXAMINATION DATE ETC):
__________________________________________
__________________________________________

SUPPORTING DOCUMENTATION ATTACHED:
__________________________________________

PARENT / CARER SIGNATURE: ____________________________

TEACHER’S SECTION

I support / do not support this Request for the following reasons:
__________________________________________
__________________________________________

LEARNING COORDINATOR’S SECTION

This variation of assessment conditions is:

APPROVED ☐ NOT APPROVED ☐

The assessment item will be due on the following date: ____________________________

Or: The examination will be sat on the following date: ____________________________

LEARNING COORDINATOR’S SIGNATURE: ____________________________

(If approved, this form MUST be attached to the front of the Assessment Task)