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. alternative examination date etc.):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

SUPPORTING DOCUMENTATION ATTACHED: _______________________________________

Parent / Carer signature: ________________________________________________________

SUBJECT TEACHER’S SECTION
I support / do not support this request for the following reasons:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Teacher’s signature: ___________________________________________________________

MIDDLE LEADER – CURRICULUM’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: _________________________________

Middle leader – curriculum’s signature: ___________________________________________

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