

Appendix 2: HSC School-Based Assessment Variation Form

Student Details	
Name:	
Name of Course:	
Assessment Task Number and Name:	
Due Date:	
Date and Time of Submission:	
Relevant Documentation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please return this form to Student Services. It must be signed and dated by administration staff.

Instructions: Tick the relevant box. Please attach the relevant evidence to this documentation.

- ☐ **UNFORESEEN ABSENCE FROM TASK – Illness Misadventure**– On the day of a task.
This form must be submitted the **day following the task** or the first day upon return to school.
- ☐ **ILLNESS / MISADVENTURE** during an in class – HSC School Based Assessment Task.
This form must be submitted the **day following the task** or the first day upon return to school.
- ☐ **FORESEEN ABSENCE** prior to an in-class HSC School Based Assessment Task.
This form must be submitted at least **THREE DAYS** prior to the HSC School Based Assessment Task.
- ☐ **EXTENSION REQUEST** for task submission / completion
This form must be submitted **prior to the due date** of HSC School Based Assessment Task.
- ☐ **ILLNESS / MISADVENTURE prior to a task** – Unforeseen circumstances just prior to a task
This form must be submitted **on prior to, or on the day** of the task.

Please provide details for your Assessment Variation.

Student's Signature: _____ Date: _____

Parent/Carer's Name: _____

Parent/Carer's Signature: _____ Date: _____

Application Outcome			
Application Supported	<input type="checkbox"/>	Application Declined	<input type="checkbox"/>
Details: <input checked="" type="checkbox"/> Application upheld – Amended due date: <hr/> Staff Member Coordinating: <hr/> <input type="checkbox"/> Application upheld – Task completed - mark to be reviewed at the end of course <input type="checkbox"/> Application upheld – Provisional estimate given. Reviewed at the end of the course. Extenuating Circumstances. Details to be provided below.		Details: <input type="checkbox"/> No evidence provided: <input type="checkbox"/> Does not meet policy requirements	
Signed:		Date:	

OFFICE USE ONLY		
	Date	Signed
Date Received		
Assessment Committee Review		
Receipt of application		
Outcome letter provided		
Completed at revised due date		
Appeal received		