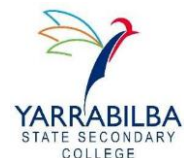


Senior Schooling Request Adjustment to Assessment



Name:	Connect Class:
Subject/s:	Teacher/s:
Assessment Due Date:	Time allowed for completion: In-class time provided: YES / NO
Assessment Item/Topic:	
Reason for adjustment:	
Adjustment required:	
<input type="checkbox"/> Late draft submission	<input type="checkbox"/> Adjustment to checkpoint/draft dates
<input type="checkbox"/> Early access to assessment	<input type="checkbox"/> Complete Exam early
<input type="checkbox"/> Early submission of assessment	<input type="checkbox"/> Other
Medical Certificate: YES/NO	Letter from Guardian: YES / NO
Student signature:	Parent Signature:
Teacher Comment:	
Teacher signature	Date:
Senior Schooling Team Comment and Recommendation:	
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	