

**Preliminary Certificate Illness/Misadventure Form**

**Name: Year: Date:**

**Subject: Teacher:**

**Assessment Task Number (As per Assessment Policy booklet):**

**Assessment Task Title:**

*I apply for an extension based on consideration of the following factors which may affect my performance in this Assessment Task. (****Documentary evidence must be provided,*** *except in exceptional circumstances****).***

*In applying for this special consideration, I assure the Principal that I am not seeking unfair advantage over*

*other students in this course.*

Student’s Signature: Parent/Guardian’s Signature:

**Recommendation of Teacher/Head Teacher:**

**Signature of Teacher/Head Teacher: ………………………………………………………………..**

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**Recommendation of Assessment Committee: Illness/Misadventure**

**Subject/Course: Assessment Task Number:**

**Assessment Task Title:**

**Principal/Deputy Principal: Date:**

**This form is located:** <https://cowra-h.schools.nsw.gov.au/>and then to the assessment tab.