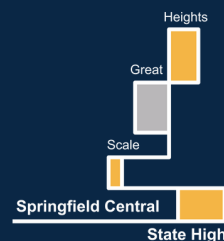


# ILLNESS & MISADVENTURE



This form is to be used to request a change to conditions regarding a piece of assessment including an extension to due date or reasonable adjustment to assessment.

Student's Name :

Year level :

Date of application :

  /   /  

## ILLNESS AND MISADVENTURE

Students whose ability to attend or participate in an assessment is adversely affected by illness or an unexpected event may be eligible if :

- *the event is unforeseen and beyond the student's control (e.g. death of a family member)*
- *it is not of the student's own choosing or that of their parents/carers (e.g. not a family holiday)*
- *it has an adverse effect on the student's ability to attend or participate in assessment (e.g. illness)*

For full details and requirements, please refer to the QCAA website : [QCAA AARA Eligibility](https://www.qcaa.qld.edu.au/eligibility)

Reason for  
extension  
request and  
adjustment  
required

Document Provided :

☐ Medical Certificate

☐ Other :

	Subject	Assessment # / Name	Assessment Type	Teacher	Current Due Date	Revised Due Date (HOY TO COMPLETE)
1						
2						
3						
4						
5						
6						

## SIGNATURES

Student Signature :

Date :

  /   /  

Parent/Carer Signature :

Date :

  /   /  

Head of Year Signature :

Date :

  /   /  

SUBMIT TO HEAD OF YEAR

Year 12 : Jo Sever - [jseve8@eq.edu.au](mailto:jseve8@eq.edu.au) | Year 11 : Heather Coupland - [hcoup6@eq.edu.au](mailto:hcoup6@eq.edu.au) | Year 10 : Tim Elford - [telfo3@eq.edu.au](mailto:telfo3@eq.edu.au)