Waverley College

Application for Illness or Misadventure Appeal

Closing Date for Appeals**: **Forty-eight hours** after examination or task. This form constitutes an application for an alternate task where applicable. Complete the form and return it to the relevant **Head of Department.

Surname:		**First Name(s):**
Home Group:	**Year:**	**Date:**

Due Date of Task: _____ **Subject:** _____

Nature of Task: In Class Task ☐ Oral Presentation ☐ Written Submission ☐
Practical Submissions ☐ Examination ☐

What is the nature of this Appeal? (Please Tick – you may select more than one)

Illness ☐ **Absent** ☐ **Alternate Task** ☐

Misadventure ☐ **No Penalty** ☐ **Mark Review** ☐

Explain briefly the nature of the Illness or Misadventure:

_____

_____

_____

_____

_____

Attach additional pages if required.

All independent supporting evidence for the appeal must be provided (e.g. Doctor's Certificate)

Yes ☐ **NO** ☐ Were you absent (fully or partially) from school the day prior to the due date?

Yes ☐ **NO** ☐ Were you absent (fully or partially) on the due date?

Yes ☐ **NO** ☐ Did you contact the Head of Department about your absence?

Yes ☐ **NO** ☐ Did you submit or complete the task on the due date?

Yes ☐ **NO** ☐ Were you granted an extension for the Assessment?

Failure to submit or fully complete this form may result in the maximum possible mark penalty.
I declare that all the information I have supplied is true.

Student's signature: **Parent's/Guardian's signature:**
Date:

Outcome/Decision of Head of Department:

CC: Senior Student's Studies Co-ordinator
or AHDM Curriculum **HOD Signature:** _____

RECEIPT: This portion should be returned to the student by the HOD.

I have received an Illness/Misadventure Claim from _____ for _____

HOD Signature: _____ Date:_____