



Staines Memorial College

Student Request for Special Consideration
(Late Submission of Assessment)

Form B

Note: This form is to be used in the case where exceptional circumstances have arisen that prevented a student from submitting assessment either prior to or on the last day the work was due.
Please attach to the student's work.

Name (Student): _____ Year Level: _____

Subject: _____ Name (Teacher): _____

Head of Department: _____

Details (Documentary evidence eg, a medical certificate should be attached to this form)

SCHOOL USE ONLY

Documentary evidence provided Yes No

Draft work / notes have been sighted Yes No

Special consideration approved Yes No

Details of special consideration:

Signed: _____ Date: _____



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