



Missed Examination Form 2024

STEP ONE Student to complete	Student Information		
	Name:		Date request submitted:
	Year Level:		Subject:
	Date of scheduled examination:		
	Reason for missed examination:		
	Documentary Evidence Attached:		YES / NO
	Student Signature:		Parent/Carer Signature:
STEP TWO Faculty Head of Department <i>(If multiple exams go to step three)</i>	Exam Information		
	Exam to be rescheduled:		YES / NO
	Date of rescheduled examination:		
	Time of rescheduled examination:		
	Supervisor of rescheduled examination:		
	Number of lessons missed:		
	Comparable assessment provided:		YES / NO
	HOD Signature:		Teacher Signature:
STEP THREE Head of Department Junior/Senior Schooling	Multiple Exam Extension Request		
	Exams to be rescheduled:		YES / NO
	Details of rescheduled examinations:		
	Date of Exam	Time of Exam	Exam Supervisor
	Head of Department Signature:		



BRACKEN RIDGE STATE HIGH SCHOOL

Assessment Policy 2024
