



FORM B – REQUEST FOR AN ADJUSTMENT

To be completed by student/AARA Manager		
TYPE OF ADJUSTMENT REQUESTED	RELEVANT SUBJECT/S & ITEM/S	
	SUBJECT	ITEM*
RELEVANT TEACHERS		

*e.g. (Yr 11/12): IA2 extended written response *e.g. (Yr 7-9): oral presentation

To be completed by Head of Department (HOD) for approval of above		
SUBJECT/S	HOD NAME	HOD SIGNATURE
SUBJECT/S	HOD NAME	HOD SIGNATURE
SUBJECT/S	HOD NAME	HOD SIGNATURE

Student Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

AARA Manager Signature: _____ Date: _____

Please submit your completed form and supporting documentation to the office. You will be advised of the outcome via email. If you have questions about the process or the outcome, please see your AARA Manager.

OFFICE USE ONLY	
<input type="checkbox"/> All relevant sections completed/signed <input type="checkbox"/> Supporting documentation received <input type="checkbox"/> Change to conditions align with QCAA requirements (Yr 11 & 12) <input type="checkbox"/> Student / HOD / Teacher / Parents advised of outcome of AARA application	<input type="checkbox"/> OneSchool record complete <input type="checkbox"/> AARA spreadsheet updated <input type="checkbox"/> Application filed on G Drive and student file <input type="checkbox"/> Adjustment/s arranged/finalised