



## MISSED ASSESSMENT APPLICATION FORM

Fill in Sections A and B, attach appropriate letters or certificates and hand in to the NZQA Principal's Nominee (Mrs Wynne). This must be done at least 5 school days before the assessment date unless unexpected circumstances such as illness and then within 5 days after the assessment date with a medical certificate if you are away for more than two days.

### Section A

Name: \_\_\_\_\_ Whanau: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Reason for Application: \_\_\_\_\_

---

---

---

Subject: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Standard Number and Level 1,2 or 3: \_\_\_\_\_

Type of Assessment Activity (*test, practical, assignment etc*): \_\_\_\_\_

---

Date of Assessment due date: \_\_\_\_\_

Possible extension/catch up plan (for teacher to fill in if applicable):

---

---

---

**Section B – Supporting Evidence**

- \_\_\_ Illness: *Medical Certificate must be attached*
- \_\_\_ Family/Personal Trauma: *documentation must be attached (eg. Letter from Parent, Counsellor or House Dean/Whanau Teacher)*
- \_\_\_ Other (Please indicate) \_\_\_\_\_

**Please note: Supporting evidence is submitted to support your application, it DOES NOT mean you will be granted and extension.**

**Section C – Decision by Principal’s Nominee** *(filled out by the PN)*

- Is able to use lunchtimes / after school to catch up on missed time but no change to completion date. \_\_\_\_\_
- Extension granted. New Due Date: \_\_\_\_\_  
\_\_\_\_\_
- New Assessment date granted. New Date: \_\_\_\_\_
- Compassionate consideration will be used in determining a grade. (HOF to attach documentation of evidence used and grade awarded).
- Application denied. Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>The reason for this decision has been explained to me and I accept the decision.</p> <p>Signed: _____ (Student)</p> <p>Signed: _____ (Mrs Wynne)</p> <p>Date: _____</p>
--

Principal’s Nominee: \_\_\_\_\_

Date: \_\_\_\_\_