

Stage 6 Application for an Alternate Exam Time

Student Name: _____ Date: _____

Exam: _____ Original Exam Date: _____

Teacher: _____

I wish to apply for a change of date for the above mentioned exam. The reason/s are:

Illness (a Doctor's Certificate is required)

Other (please provide details)

Parent Signature: _____

Students are expected to nominate a new date and time to sit the exam. It is expected that the exam is done as soon as possible after the original date and within the existing scheduled exam period.

New exam date: _____

New exam time: _____

Request Granted: YES / NO

KLA Co-ordinator's Notes:

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Student's Copy

(Detach)

Exam: _____ Original Date: _____

New Exam date: _____

Student's Signature: _____

Co-ordinator's Signature: _____