



## APPLICATION TO RESCHEDULE AN

Name of Student: \_\_\_\_\_

Year/Class: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

### INSTRUCTIONS

<b>Section A</b>	Completed by student
<b>Section B</b>	Completed by subject teacher
<b>Section C</b>	Completed by Head of Teaching and Learning

### SECTION A

<b>Subject:</b>	
<b>Teacher:</b>	
<b>Examination Mode:</b>	
<b>Assignment Length:</b>	
<b>Date:</b>	
<b>Proposed Rescheduled Date:</b>	
<b>Reason:</b>	
<b>Attached Documentation:</b>	

### SECTION B

<b>Subject Teacher's Comments</b>	
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### SECTION C

<b>Approval:</b>	Granted / Not Granted
<b>Comment:</b>	

Head of Teaching and Learning: \_\_\_\_\_

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

**Please note:** You will be notified of the outcome via your school email account. Until approval is received, you must continue working towards the original exam date. Incomplete forms will not be processed.

**For Office Use Only**

- Sections A, B and C complete
- Approval of Head of Teaching and Learning
- Class teacher notified
- Student notified
- Documentation copied
- Alternate arrangements made for supervision