

A copy of this application is to be retained by the Trainer and attached to Assessment Instrument.



Application for Modification to Assessment

Name of Student: _____ Student Number: _____

Reason for Modification: _____

I hereby apply for modification to the assessment / examination procedures in:

Course: _____ Course Code: _____

Subject: _____ Trainer/Assessor: _____

Does this request apply to the whole course? Yes No

Signature: _____ Date: _____

Examination / Assessment Details:

Date: _____ Time: From: _____ am/pm To: _____ am/pm

Room / Venue _____

Modification Requested:

- 1. Extra Time per Unit of Competency
- 2. Total Exam Time
- 3. Break Times
- 4. Separate Room / Venue
- 5. Additional Supervisor
- 6. Examination / Assessment method: _____

7. Additional personnel involved: _____

8. Other: _____

9. Other comments: _____

Trainer Recommendation:

I hereby recommend this application for examination / assessment modification: yes no

Signature: _____ Date: _____

VTA HOD Approval:

I hereby approve this application:

Name: _____ Designation: _____

Signature: _____ Date: _____