A copy of this application is to be retained by the Redbank Plains Trainer and attached to Assessment Instrument. State High School
Learning First... Leading Tomorrow! Application for Modification to Assessment Student Number: Name of Student: Reason for Modification: I hereby apply for modification to the assessment / examination procedures in: Course: Course Code: Trainer/Assessor: Subject: Does this request apply to the whole course? Yes  $\square$ No  $\square$ Signature: Date: **Examination / Assessment Details:** *From*: \_\_\_\_\_ am/pm *To*: \_\_\_\_\_ am/pm Date: Time: Room / Venue Modification Requested: Extra Time per Unit of Competency  $\Box$ 2. **Total Exam Time** 3. **Break Times** Separate Room / Venue 4. 5. Additional Supervisor 6. Examination / Assessment method: Additional personnel involved: 7. 8. Other: 9. Other comments: Trainer Recommendation: I hereby recommend this application for examination / assessment modification: yes □ no 🗆

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Date:

Date: \_\_\_\_

Designation:

G:\Coredata\Curriculum\Vocational Education and Training\RTO 30428 Operational Information\VET Handbooks\2017\Forms\Application for Modification to File Location:

Assessment Form docx

VTA HOD Approval: I hereby approve this application:

Signature:

Name:

Term 4, 2017 Review Date:

School:

Signature: