

# AARA\* Application



**\*ACCESS ARRANGEMENTS + REASONABLE ADJUSTMENTS**

Use this form when applying for an extension to an assignment or to reschedule an examination.

## STUDENT NAME:

				OFFICE USE ONLY
YEAR LEVEL	SUBJECT	TEACHER	DUE DATE OF ASSESSMENT	APPROVED DUE DATE

Reason for application:

Documentary evidence (*please attach*):

Medical Certificate (Year 10, 11, 12)

Other

### OFFICE USE ONLY

Approved by:

Title:

Signature: