



# Application to Sit Examinations Interstate or Overseas

Completed forms must be returned to Assessment Operations, VCAA, 41 St Andrews Place, East Melbourne 3002.

Please print clearly and in CAPITAL LETTERS.

Closing dates: **Friday 27 March 2009** June examination period  
**Friday 24 July 2009** October/November examination period

Student name: \_\_\_\_\_

VCAA Student Number

Reason for application \_\_\_\_\_

*(Please supply evidence of eligibility as detailed below)*

Date of Departure: \_\_\_\_\_

Address of student: \_\_\_\_\_

Name of home school: \_\_\_\_\_

Student telephone: \_\_\_\_\_ Email address of student: \_\_\_\_\_

Sitting examination/s and/or GAT:  
*(Please tick appropriate box)*

Interstate (fee \$56.00 GST-exempt)

Overseas (fee \$166.00 GST-exempt)

**Note:** 1. All interstate applications must be conducted at a secondary school  
 2. These fees are per examination period, i.e. June and October/November  
 3. See next page for payment details (cheque, money order or credit card)

June examination period *(please list studies below)*

October/November examination period *(please list studies below)*

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

General Achievement Test (GAT)  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

**Declaration**

I, the Student, in signing this form am aware that the VCAA will only grant permission on the proviso that the following conditions are abided by:

- Confirmation that the person nominated as the Supervisor meets ALL the conditions of appointment (below).
- The examination/s and/or GAT is conducted at exactly the same time and date as it is being conducted in Melbourne, Australia.
- I have read and consent to all VCE regulations and rules and the consequences of any breaches of these rules.
- I have attached evidence of eligibility.
- Payment is received with this application.
- Any alterations to any of the conditions will result in the VCAA revoking the permission.

Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SUPERVISOR DETAILS (ALL DETAILS MUST BE COMPLETED)**

Supervisor name: \_\_\_\_\_

Address: \_\_\_\_\_

*Note: Street address is required. NO Post Office Box numbers.*

State: \_\_\_\_\_

Country: \_\_\_\_\_

Postcode/Zip code: \_\_\_\_\_

Relationship/Association to student: \_\_\_\_\_

Date of departure (if relevant): \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_  
 area code area code

Email address: \_\_\_\_\_

