

SPECIAL CONSIDERATION APPLICATION



Appropriate evidence such as medical certificate, a letter from a student counsellor, or other documentary evidence must accompany an application for special consideration.

Note: Submitting an application for special consideration does not guarantee special consideration will be granted.

Student Name: _____
(Family Name) (Other Names)

Address: _____
Postcode _____

Course: _____ Student ID: _____

UNITS FOR WHICH SPECIAL CONSIDERATION IS BEING SOUGHT

Unit Code	Unit Name	Teacher	Date of final exam, assignment or test

BASIS OF CLAIM FOR SPECIAL CONSIDERATION

(Set out details below and attach appropriate documentary evidence.)

DECLARATION

I declare the information on this form and on the attached documents to be true and correct in every detail.

Signature: _____ Date: _____

OFFICE USE ONLY

Application received and noted by: _____ Date: _____

Student under 18 Yes No

Asking parental confirmation by phone (if student under 18) Yes No

Special Consideration approved Yes No

Approval granted by _____ Academic Manager

Student Notified Yes No

Teachers Notified Yes No

Comments _____

