Application for Special Consideration

Student Name: ____________________________________________________________

Subjects and/or Assessments affected:________________________________________
________________________________________________________________________

Reason for Application; consideration sought
(please provide details. Attach a separate sheet if required): ______________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medical Certificate Cited/Attached: Yes ☐ or No ☐

Existing Accommodations / Circumstances Yes ☐ or No ☐
Accommodations here refer to special considerations that have been granted
to students who have a physical, medical and/or psychological condition.

I am involved in the Staying-On Track Program Yes ☐ or No ☐

I am attending the Learning Centre Yes ☐ or No ☐

Other: _________________________________________________________________

By submitting this application, you declare that all information provided is true and correct.

Signed: ________________________________ Date: __________________________

** If approved, a copy of this sheet will be returned and must be attached to your assessment item.

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Office Only

Special consideration is approved as follows: ______________________________________
________________________________________________________________________

Commencing date _______________ ending date ____________________________

Special consideration is not approved ☐

Signature of Dean of Studies: __________________________ Date: ________________

Student Administration: copy received ☐ Scanned and emailed to relevant lecturers ☐
(document to filed in student file)