

APPLICATION FOR SPECIAL CONSIDERATION FORM

STUDENT DETAILS

Student Number:

Surname:

Given Name/s:

INFORMATION ABOUT SPECIAL CONSIDERATION

Special Considerations are granted to those students who are affected by a certified and disclosed physical disability or learning difficulty, or who are affected by a disclosed chronic illness or longstanding family issues. Supporting documentation must be provided. The Dean's Office will determine the terms and conditions of Special Considerations and consider the recommendations provided by the student's physician or therapist. Please refer to the current Student Handbook for more details.

All documentation provided to the College regarding your Application will remain confidential.

APPLICATION FOR SPECIAL CONSIDERATION

Type of Special Consideration sought:

Short-term (1 semester)
 Long-term (throughout entire course of study)

Reason for Special Consideration: *(Please provide details. You may attach a separate sheet if required)*

CHECKLIST

- | | |
|---|--|
| 1. Supporting Documentation
<i>(e.g. a Medical Report from a Medical Practitioner, Specialist, and/or Therapist)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. Existing Arrangements / Circumstances
<i>(i.e. 'Arrangements' refer to Special Consideration which has been granted to a student who have a physical, medical, and/or psychological condition)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. I am involved in the Staying-On-Track Program | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4. I am attending the Learning Centre | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 5. Other: | |

DECLARATION

I declare that the information on this form is, to the best of my knowledge, correct and complete in every detail. I have read, understood and agree to the College's refund policy, and the Rules and Regulations outlined in the Student Handbook. I understand that the details provided are protected by the Privacy and Personal Information Act 1998 (NSW).

Student Signature	Student Name	Date
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If approved, a copy of this sheet will be returned to you, and must be attached to each applicable assessment item.

OFFICE USE ONLY

DEAN'S OFFICE	Application for Special Consideration: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
	Condition/s:	
	Comments (optional):	
	Commencing date:	Ending date:
	Signature:	Date Signed:
<input type="checkbox"/> Copy of outcome sent to student	<input type="checkbox"/> Relevant lecturer/s notified	
STUDENT ADMINISTRATION	<input type="checkbox"/> Copy filed in Student File	Signature & Date:



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