



## APPLICATION FOR SPECIAL CONSIDERATION FOR ASSESSMENTS

This form is for students who wish to apply for assessment special consideration. This form must be completed if student requires an extension of the submission date or the resubmission date. Student can apply for an extension only under compassionate or compelling circumstances. Please refer to the policy on assessments for an understanding of special or extenuating circumstances.

	STUDENT DETAILS		
First Name:	Last Name:		
	Current Course:		
	TYPE OF REQUEST		
Assessment due date extension	Resubmission of assessment due date	Application for a supplementary attempt	
Name of assessment:	Original due date:		
Name of Unit of Competency:	Date requested for submissi	on:	
CLEA	RLY OUTLINE THE REASONS FOR THE A	PPLICATION	
Supporting documents:			
Letter	Emails	_	
Medical certificate	Legal documents	Legal documents	
Statutory declarations	Others (please attach and	d justify)	
	DECLARATION		
I declare to the best of my knowledge	that the information supplied on this form is true and acc	curate.	
I have read and understand the studer	nt assessment and progression policy.		
I have attached to this request all docu	iments to support my application.		
Charles to investore	Data		
student signature:	Date:		
	DECISION		
The application has been approved			
The application has been rejected			
Reasons for rejection:			
Lecturer signature:	Date:		
	Dutc		

## International House Sydney CRICOS Code 02623G RTO 91109

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