

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: _____
Student ID: _____ 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 submission: _____

CLEARLY OUTLINE THE REASONS FOR THE APPLICATION

Supporting documents:

- | | |
|---|---|
| <input type="checkbox"/> Letter | <input type="checkbox"/> Emails |
| <input type="checkbox"/> Medical certificate | <input type="checkbox"/> Legal documents |
| <input type="checkbox"/> Statutory declarations | <input type="checkbox"/> Others (please attach and justify) |

DECLARATION

- I declare to the best of my knowledge that the information supplied on this form is true and accurate.
 I have read and understand the student assessment and progression policy.
 I have attached to this request all documents to support my application.

Student signature: _____ Date: _____

DECISION

- The application has been approved
 The application has been rejected

Reasons for rejection: _____

Lecturer signature: _____ Date: _____