



SPECIAL CONSIDERATION APPLICATION (HIGHER EDUCATION ONLY)

SECTION A Personal details			
Name		Student ID number	
Email		Date of Birth	

SECTION B Application details	
Course code	Course title
Subject code	Subject title

Type of special consideration being sought:

- Extension of time (to delay the due date of an assessment)
- Deferred assessment (to delay the due date of an assessment)
- Alternate assessment (for a different type of assessment)
- Supplementary assessment (for an additional assessment after failing)

The REASONS for special consideration are:

Documentation has been attached to support the application YES NO

Student to complete	Office use only - Confirmation by subject examiner		
I have completed all assessments required of the subject including any exam(s)	<input type="checkbox"/>	<input type="checkbox"/>	<i>Subject examiner's name</i>
The listed subject is one that I have been enrolled in within the last semester	<input type="checkbox"/>	<input type="checkbox"/>	
My final mark for the subject falls within the range of 45% -49%	<input type="checkbox"/>	<input type="checkbox"/>	<i>Subject examiner's signature</i>
I have discussed this matter with the subject teacher/examiner prior to formal application	<input type="checkbox"/>	<input type="checkbox"/>	

Student signature		Date	/	/	
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Teacher signature		Date	/	/	
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Office use only – examiner to complete and return to Academic Administration by:			Date: / /
Supplementary exam <input type="checkbox"/>	Supplementary written submission <input type="checkbox"/>	Other <input type="checkbox"/>	Not eligible <input type="checkbox"/>
Details of assessment:			
Office use only – Academic Administration office to complete			
As a result of supplementary assessment, subject mark amended to Supplementary Pass <input type="checkbox"/>			
Student administration officer name:			
Student administration officer signature:			Date: