

Student Assessment Special Consideration Application

For an Special Consideration Extension Request of more than 5 days, please complete this form, For an Assessment Extension Request of 5 days or less please complete the Assessment Extension Request form –
There are 4 sections to be completed for this form

Personal Details

Family Name:		Given Name:	
Student ID:		E-mail:	
Contact Number:			

Section 1: Unit & Assessment Details

Unit Code			
Unit Name			
Trainers Name			
Assessment Task Name and No.		Have you started the task?	Yes / No (Circle one)
Assessment Task Due Date			
Requested Extension Date (Must be more than <u>5</u> days)			

Section 2: Modified Assessment Arrangement Requested

Other modified assessment arrangements are designed to address your inability to perform the assessment because of unexpected of extenuating circumstances. Tick the box corresponding to your requested outcome:

- An assessment deadline extension
Your application must be submitted at least (1) working day prior to the assessment due date, unless the evidence provided proves this was not possible.
- Resubmission of an assessment
Your application must be submitted within (5) working days of the assessment due date, unless the evidence you provided proves this was not possible.
- Other Modified assessment arrangements: Explain in more detail below.

Section 3: Reason for Application

Briefly outline the reason for your application.

Section 4: Supporting Documentation

To support your application, you must provide (and attach) supporting documentation which includes:

- The date your circumstances began
- How your circumstances affected your ability to complete your assessment/examination.

Please indicate the type of documentation you have attached to this application. For example, Medical Certificate, Police Report, Legal Documentation.

Declaration

- I declare that to the best of my knowledge, the information I have provided is true and correct.
- I have read and understood the requirements I needed to complete for the above listed units.
- I have attached all relevant documents

Student Signature: _____

Date: _____

Office Use Only

Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recorded and Entered into Axcelerate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Learning Plan Issued to Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there Fees applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Student advised if payment is required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Further Comments/Instructions by the Trainer/Training Coordinator			
Trainer/Training Coordinator Name		Trainer/Training Coordinator Signature	Date:
<p>NOTE: Please email outcome of request to student, then forward form to the Training Coordinator, who will attach to the student's file</p>			