

AFS13 Request for Special Consideration Form

Students seeking special consideration should complete and submit this form to Student Services Coordinator within three (3) working days after the assessment due date with the required evidence documents outlined in APPT002 Assessment Policy and Procedure.

Student Name:							
Student ID Number:							
Contact Details:							
Course Code & Title:							
Indicate the assessment task/s you are requesting special consideration					ASSESSOR USE ONLY		
Unit Code	Unit Name	Assessment Task Name	Assessment Task Due Date	Approved		Reason for Not Approved	Assessor Signature
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
Provide reasons for your special consideration request. (i.e. illness, bereavement, etc.)							
How has this affected you or your studies?							
Student Declaration: By signing this form, you are declaring that you have read and understand the information provided and that the information you have provided is accurate and true.							
Signature:				Date:			

Please return this form to our office.

ASSESSOR USE ONLY			
Assessor Name:		Date Received by Assessor:	
Completed the 'Assessor Use Only' section in the form:		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Additional comments including specific outcomes of the decisions.			
Signature:		Decision Date:	

OFFICE USE ONLY			
Date Received from Student:		Received By:	
Date Submitted to Assessor:		Submitted By:	
Date Received from Assessor:		Received By:	
Date Outcome Informed to Student:		Informed By:	