



APPLICATION FOR SPECIAL CONSIDERATION - ASSESSMENT

[Please refer to Sydney Met's Assessment Policy and Procedures for further details]

Section A – Personal details to be completed by student

Student ID Number:	<input type="text"/>	Contact Phone Number:	<input type="text"/>
Family Name:	<input type="text"/>	Given Name(s):	<input type="text"/>
Course:	<input type="text"/>		
Student Email Address:	<input type="text"/>		
Unit Code and Title:	<input type="text"/>		
Unit Coordinator:	<input type="text"/>		

Section B – Assessment details to be completed by student

Assessment task:

Due Date: / /.....

Reason(s) for requesting special consideration:

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I declare that the information provided by me is true and complete. I acknowledge that Sydney Met reserves the right to confirm the information provided and may vary or reverse any decision regarding special consideration on the basis of incorrect or incomplete information. I hereby give consent for Sydney Met to contact my treating practitioner and/or other person or organisation named in any supporting documentation to confirm/clarify the information provided and for the practitioner or other person/organisation to provide information relevant to my request for special consideration. I agree to provide a more specific consent to disclosure of the information should this be required by the organisation.

Student's signature:

Date: / /.....

Section C – To be completed by Unit Co-ordinator

This special consideration application is: Approved Not Approved. Approved with conditions

If the special consideration is approved or approved with conditions:

If approved, new submission date:

If conditionally approved, details of conditions or penalty if applicable:

Others e.g. additional assessment:

Signature of Unit Co-ordinator:

Date:/...../.....