



Sydney Met

Sydney Metropolitan Institute of Technology Pty Ltd
Trading as **Sydney Met**

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Provider ID PRV14280 | CRICOS Provider Code 03906M | ABN 60 607 943 500

APPLICATION FOR SPECIAL CONSIDERATION – EXAM

[Please refer to Sydney Met’s Exam 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"/>		
Email:	<input type="text"/>		
Unit Code and Title:	<input type="text"/>		
Unit Coordinator:	<input type="text"/>		

SECTION B – EXAM DETAILS TO BE COMPLETED BY STUDENT

Exam Date: / /

Reason(s) for requesting special consideration and list of supporting document:

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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 and evidence 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 any professionals 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 signature: **Date:** / /

SECTION C – TO BE COMPLETED BY UNIT COORDINATOR

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

If the special consideration is approved or approved with conditions:

If approved, alternative exam date, time and location:

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

Others e.g. details of the additional assessment:

Signature of Unit Coordinator: **Date:** / /