

HOW TO APPLY

- This form must be submitted at least **2 working days** before the assessment due date.
- Please submit supporting documentation with this request. If the documents are in a language other than English, a complete translation must be provided. Applications without supporting documentation may be rejected.
- Students will be notified **within 5 working days** of the outcome of their request.
- For more information, please refer to the **Assessment Policy** available on IGI's website.

STUDENT DETAILS

Student ID: _____ Family Name: _____

Given Name(s): _____ Date of Birth: _____

Address: _____

Phone: _____ E-mail: _____

GROUND FOR SPECIAL CONSIDERATION REQUEST

Please select grounds for applying special consideration:

- Medical
- Personal circumstance (i.e. bereavement of close family members)
- Involved in a traumatic experience or incident
- Other special circumstance (please state details below)

Do you have evidence to support your request?

- Yes No

Details of evidence provided:

DETAILS OF SPECIAL CONSIDERATION REQUEST

- Request for an extension of the assessment submission due date or deferral of the assessment
- Resubmission of, or second attempt at the assessment
- Request for an adjustment to the assessment results
- Request for a supplementary assessment
- Other special circumstances (please state details below)

UNIT INFORMATION

Unit Code: _____ Unit Name: _____

Description of the assessment task:

Weight (%): _____ Assessment due date: _____

Proposed extension due date: _____

STUDENT DECLARATION

- I declare that the information provided by me on this form is true and correct.
- I have read and understood the *Assessment Policy*.

Student's Signature: _____

Date: _____

IGI USE ONLY

SPECIAL CONSIDERATION REQUEST

Approved: Yes No

Notes:

Approved By:

Name _____ **Position:** _____

Signature: _____ **Date:** _____

Student advised in writing: YES

Recorded on student file: YES