



Step 1: Personal Details

Student number: _____

Course: _____

Surname: _____

Given name(s): _____

Step 2: Units Applied for Special Consideration (including internal assessment and final examination)

UNIT CODE: _____

Assessment Affected: _____

e.g. Assignment, mid-term exam, final exam, etc.

Step 3: Reasons and Evidence for Applying Special Consideration

Written statement from the student explaining why special consideration is sought:

Attached documentary evidence (e.g. medical certificate)

- Must be stamped
- Must include the date of consultation
- Must include the start/end date of the medical condition
- Must include the period covered by the medical certificate

Step 4: Student Declaration

I have read and understood the assessment submission requirements in relevant unit outline and have read and understood Top Education Institute's Examination Policy.

I understand that by signing this form I confirm that all the information provided and all the documents attached are true and accurate.

Student signature: _____

Date: ____ / ____ / ____



Step 5: Final Decision by Academic Department

TOP OFFICE USE ONLY

Comments: _____

Approved Rejected

Signature: _____

Position: _____

Date ____ / ____ / ____