

# SPECIAL CONSIDERATION APPLICATION FORM



## Apply for special consideration when extenuating circumstances beyond your control affect an assessment.

Provide this completed form, along with suitable supporting evidence to your Tutor, who will assess your eligibility to apply prior to submitting your application to the Team Leader.

Your Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

Programme: \_\_\_\_\_ Programme Start Date (M/Y): \_\_\_\_\_

Assessment/Paper: \_\_\_\_\_ Assessment Due/Sit Date: \_\_\_\_\_

### Reason for application

I have extenuating circumstances which are/have affected my ability to:

- |   |   |
|---|---|
| <input type="checkbox"/> Attempt an assessment              | <input type="checkbox"/> Perform successfully during an assessment    |
| <input type="checkbox"/> Prepare normally for an assessment | <input type="checkbox"/> Complete an assessment on or by the due date |

### Description of the extenuating circumstance

Please provide an explanation of your extenuating circumstance.

### What outcome or result are you seeking?

#### Supporting evidence is attached

Please see the Student Guide 'Extenuating circumstances' for suitable sources of evidence.

### Team Leader to complete

| Outcome & Comments   | <input type="checkbox"/> Approved <input type="checkbox"/> Declined |
|--|---|
| You must provide clear reasons for your decision   |   |
| <b>Processed by (Team Leader Name):</b> _____ <b>Date processed:</b> _____                               |   |
| Once processed, upload completed form and suitable evidence to SELMA, and provide a copy to the student. |   |