HE-EDF46 REQUEST FOR SPECIAL CONSIDERATION FORM

Abbreviations:

AHE	Apex Australia Higher Education
CC	Course Coordinator

Students whose ability to submit or attend an assessment item is affected by sickness, misadventure, or other circumstances beyond their control, may be eligible for special consideration.

No consideration is given when the condition or event is unrelated to the student's performance in a component of the assessment, or when it is considered not to be serious.

Please submit this completed Form and attached relevant evidence to the student support team at support.he@apexaustralia.edu.au within three (3) days of the due date of the assessment item or exam.

Course Name	CRICOS Course Code	Tick your Current Course
Bachelor of Information Systems	114079G	☐
Master of Information Systems	114939A	☐
Bachelor of Information Technology	117549B	☐
Master of Information Technology	117550J	☐

A. Application Details

Student No. (if obtained)	**Date of Birth: (dd/mm/yyyy)**
	____/____/_____
Given Name:	**Family Name:**
Email Address:	

B. Assessment Details

Unit Code and Name:	
Assessment:	
Due Date:	

Apex Australia Higher Education
CRICOS Provider Code: 03967J | TEQSA ID: PRV14320 | ABN: 45 615 071 853
Office 5, 2 Sorrell Street, Parramatta NSW 2150 | Level 7, 123 Lonsdale Street, Melbourne VIC 3000
Tel: Australia +61 2 8007 6262

C. Evidence

Please list the evidence attached to support your Request. All evidence must be copied by an AHE staff or Course Coordinator who will sign off they have sighted the original.

AHE reserves the right to verify the document by calling the writer or issuer of the document.

Evidence accepted:

- Illness: Doctor's certificate issued during (**not after**) the period of illness
- Misadventure/ crisis: Police report or counsellor report
- Unavoidable commitments: Government letter or formal documentation for the activity
- Please list any other documentation attached.

D. Student Declaration

By signing below, I _____, confirm:
(Student Name)

- The information provided in this application is true and accurate.
- I have attached sufficient and appropriate evidence to support my application.
- I agree to AHE using my personal information and keeping a safe and confidential record of this application and relevant documentation for the purpose of assessing this Request.

Student Full Name:	
Student Signature:	
Date:	____/____/____

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E. Decision on Request

Note:

When reviewing requests for special consideration, special consideration will be given to the progression and completion of Aboriginal and Torres Strait Islander peoples.

Approved	Tick all that apply	Sign next to selected item
Additional Assessment (and marks pro-rated)	☐	
Supplementary Exam	☐	
Extension of deadline	☐	
Allowed to discontinue unit without failure (note: final exam has not taken place)	☐	
Not Approved		
Reason:		

OFFICE USE ONLY	
Assessed by: (AHE Course Coordinator Name)	
AHE Course Coordinator Signature:	
Date:	

Related Documents

Student Assessment Policy and Procedure – Appendix 3
Student Handbook
Relevant Course Guides

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