Crown Institute of Higher Education

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**APPLICATION FOR SPECIAL CONSIDERATION**

***This form is to be used for all applications for special consideration including requests for extensions in excess of 3 days. Please note, requests for extensions of fewer than 3 days should be requested via emailed directly to the unit lecturer.***

**Instructions**

1. Please read the *Student Assessment Policy and Procedure* prior to completing this form available on the CIHE website.
2. This form must be submitted within 3 days either side of the due date for assessment or the sitting day for an exam.
3. This application can be completed electronically and submitted online.
4. This form MUST be accompanied by supporting documentation (for example Medical Certificate, Hospital report, Police report, Letter from employer etc.) and fully completed, including an explanation of the kind of special consideration requested. There is an attachment link on the online form. Please use this to submit documentation.

**Personal Details (Must be completed)**

|  |  |
| --- | --- |
| **Student Number** |  |
| **Full Name** |  |
| **Date of Birth** |  |
| **Email** |  |
| **Mobile** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit Code** | **Unit Name** | **Assignment due date** | **Date you expect to submit your assignment** |
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**Explanation of the circumstances and the kind of special consideration requested:**

**Provide a list of the attached documentation.**

1.

The outcome of your request will be communicated to you via your student email within 48 hours.

I declare that all the details I have supplied are true and correct.

**Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**