



### Application Form for Special Condition

*Please refer to CIHE Assessment policy*

#### Section A – Personal Details to be completed by Student

Student ID Number: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Course: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Unit Code and Title: \_\_\_\_\_ / \_\_\_\_\_

Unit Coordinator: \_\_\_\_\_

#### Section B – Assessment Details to be completed by Student

Assessment task details:

.....

Due Date: .....

Reason for requesting special condition: .....

.....

.....

.....

I declare that the information provided by me is **true and complete**. I acknowledge that CIHE reserves the right to confirm the information provided and may vary or reverse any decision regarding special consideration on the basis of incorrect or incomplete information. I hereby give consent for CIHE to contact my treating practitioner and/or other person or organisation named in any supporting documentation to confirm/clarify the information provided and for the practitioner or other person/organisation to provide information relevant to my request for special consideration. I agree to provide a more specific consent to disclosure of the information should this be required by the organisation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section C – To be completed by Unit Co-ordinator

*This special consideration application is:*

Approved with conditions or penalty (see below)  Approved  Not Approved

Special consideration is given:  Extended submission date: \_\_\_\_\_

Details of conditions or penalty if applicable: \_\_\_\_\_

Other (e.g. Additional assessment) \_\_\_\_\_

Signature of Unit Co-ordinator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_