SPECIAL CONSIDERATION APPLICATION FORM

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| --- |
| **DATE RECEIVED:** |

1. **Student Details:**

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| --- | --- |
| First and Family Names:  |  |
|  |
| Student ID: |  |  |  |
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1. **Course Details**

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| Abbreviated Course Code: |  | Course Title: |  |
| Unit Code: Unit Title: Specify the assessment item(s) for which you are applying for special consideration.  1. **Special Consideration**

Select the category that best describes the reason for requesting special consideration. □ Illness □ Misadventure□ Bereavement □ Relationship ending□ Loss of employment □ Natural disaster  □ Other (please specify) |
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| 1. **Supporting evidence**

 Attach supporting evidence for your application, for example a medical certificate, a letter from a health practitioner or employer, or a funeral notice.1. **Signature**

I certify that the information and supporting evidence I have supplied are true and accurate in every detail. Signature: Date:  |
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| Email completed form to admin@metavision.edu.au |
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