

PO Box 2286

Strawberry Hills NSW 2012 CRICOS Provider Code: 03662D

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APPLICATION FOR SPECIAL CONSIDERATION

Special Consideration recognises hardship or exceptional circumstances that may affect or has affected your progress through a course of study. You may apply for Special Consideration if exceptional circumstances are likely to prevent you from meeting your course requirements. Exceptional circumstances include:

- Short term illness at least 5 days in duration of moderate severity;
- serious illness or psychological condition
- hardship or trauma;

1. STUDENT DETAILS

- loss or bereavement; or
- exceptional employment demands.

Evidence to support an application for Special Consideration must be supplied. This may include:

- Medical certificate and/or letter from a medical professional;
- Death notice or certificate;
- Statutory declaration from you and/or relevant people.

Where necessary, alternative coursework may be authorised by Course Leader and advised to you.

Name:		Student No.			
Course:					
2 REASON FOR	APPLICATION AND DOCUMENTATION				
	certificate/s must be attached				
Non-medical – supporting statement/s, certificates, or statutory declarations to be provided by an appropriate person/s and or other documentation					
Reason for reques	ting Special Consideration				
3. ASSESSMENT TASK DETAILS AND DUE DATE					
Please note: All assessment details that require special consideration must be completed below. Please refer to the					
Assessment Overview page in Moodle.					
Subject Name:	Assessment Number and Assessment Name:	Origin Asses Due I	sment	Proposed Assessment Due Date:	



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I declare the information I have submitted in this application is true, correct and not misleading. I understand giving false or misleading information may also be an offence under the Criminal Code. For that reason, AFTRS may either not process my application or vary or reverse any decision concerning my application. [I authorise AFTRS to contact any person or organisation listed on my supporting documents for the purpose of verifying the information.]

Signed:	Date:	
5. PRIVACY INFORMATION		

AFTRS requires the information you give in this application, and in supporting documents, to process the application. Where required to meet AFTRS' legal or administrative obligations, AFTRS may disclose information to other Australian government entities. AFTRS collects and deals with your personal information according to Australian privacy law and AFTRS' Privacy Policy. This policy sets out how you may access and correct the personal information AFTRS holds about you, and how you may complain about any privacy breaches.

OFFICE USE ONLY:

Application received in the Student Centre			Date:	
Application complete with all required documents	Yes	No	Date:	

6. RECOMMENDATION AND APPROVAL

StudentEngagementManager: Recommended Not Recommended		Signature:	Date:	
Program Convenor or delegate				
Approved	Not Approved	Signature:	Date:	

7. STUDENT CENTRE ACTION

Advise Program Convenor, Disclipline Lead/Program Convenor of decision

Advise applicant of decision

Revise dates in Moodle

Upload to Paradigm

