SPECIAL CONSIDERATION APPLICATION FORM

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

1. **Student Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| First and Family Names: |  | | |
|  | | | |
| Student ID: |  |  |  |
|  | | | |

1. **Course Details**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| 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) | | | |
|  | | | |
| 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: | | | |
|  | | | |
| Email completed form to [admin@metavision.edu.au](mailto:admin@metavision.edu.au) | | | |
|  | | | |
|  | | | |