

## Special Consideration Application Form

Personal Details	
Student Number:	
Family Name:	
Given Name:	
Nickname:	

Course Details	
Course Code:	
Course Start:	
Class Number:	
Class Teacher(s):	

Special Consideration Details	
Task (e.g.):	
Date of Task:	
Details of Reason: <i>(Please provide appropriate documentation)</i>	

Previous Applications for Special Consideration	
Task:	
Date of Task:	
Outcome of Application:	

Declaration (Must be completed for application to be considered) (Please <input checked="" type="checkbox"/> Yes or No)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I declare that the information provided in this application is true and accurate.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I understand that Hawthorn-Melbourne has the right to confirm the information provided above.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	In the event of incorrect or incomplete information, the Special Consideration Application may be rejected.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I allow Hawthorn-Melbourne to contact any organisation named in the supporting documentation to verify the details of the Special Consideration Application.	
Signature:		Date:	

For office use only:			
Senior Teacher Recommendation	DoS Recommendation	Final Rec. (Principal, DoS, UMELBP Coordinator)	Admin
Choose 1-4 with reason	Choose 1-4 with reason		
		<input type="checkbox"/> 1. Re-sit exam <input type="checkbox"/> 2. Reschedule Task 4 <input type="checkbox"/> 3. Separate task – _____ <input type="checkbox"/> 4. Rejected	<b>Date Received:</b>  Initials:  <b>Date notified:</b>  Initials:
<b>Comments</b>			