

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 ☒ 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 Choose 1-4 with reason	DoS Recommendation Choose 1-4 with reason	Final Rec. (Principal, DoS)	Admin
		<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	Date Received: Initials: Date notified: Initials:
Comments <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>			