



SPECIAL CONSIDERATION REQUEST FORM

Students applying for special consideration must submit this form within 3 days of the due date of the assessment item or exam. The request form must be submitted to Student Services. Supporting evidence should be attached. For further information please refer to the Student Assessment Policy and associated Procedure available on the Australian Institute of Higher Education website: www.aih.nsw.edu.au

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY.

PERSONAL DETAILS

Title: Mr Ms Other (please specify)	
Family name:	
First name(s):	Male Female
Date of birth (dd/mm/yy):	
Student ID:	
Phone (home/mobile):	
Email:	
Full address:	
City:	Post code:
State:	Country:
Course:	

STUDENT DECLARATION

I declare that the information provided in this application is accurate. I have read and I understand the Student Assessment Policy and associated procedure.	
Signature:	Date:

Privacy: We recommend that you read the AIH's Management of Personal Information Policy and associated Procedure published on our website [www.aih.nsw.edu.au]

Return this form to:
Australian Institute of Higher Education P/L
Level 3, 545 Kent St, Sydney NSW 2000
Phone +(612) 9020 8050, Fax +(612) 8004 9286
Email: studentservices@aih.nsw.edu.au

OFFICE USE ONLY	
Received by:	Received date:
Academic Reviewed By:	Date:
Approved Diary Note	Declined Form uploaded in Student Management System
Comments:	

UNIT INFORMATION

Unit code:	
Unit name:	
Semester:	Year
Details of assessment(s) special consideration is being applied for:	
Reason for applying for special consideration:	
Outcome sought:	
Evidence provided (must be provided for special consideration to be approved):	