

Please email this form + medical certificate or other evidence directly to [Enquiries@unswglobal.unsw.edu.au](mailto:Enquiries@unswglobal.unsw.edu.au)

## Request for Special Consideration Due to Illness or Misadventure

### Examinations or Assessment Tasks

#### STUDENT DETAILS: (please use CAPITAL letters)

<input type="text"/>		<input type="text"/>		Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student ID Number		Date of Birth		Are you a sponsored student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/>			<input type="text"/>		
Family Name			Given Name		
<input type="text"/>			<input type="text"/>		
Telephone/Mobile			Email		

#### ENROLMENT DETAILS: (tick appropriate box)

<input type="checkbox"/> UNSW Foundation Studies	<input type="checkbox"/> Academic English Programs	<input type="checkbox"/> UNSW Diploma Programs
<input type="text"/>	<input type="text"/>	<input type="text"/>
Course Enrolled (eg: Standard / Std Plus / PFY / GPE)	Term / Intake / Year (eg: Jan/2018)	Class Group (eg: FEECx1)

#### DATE OF ILLNESS / MISADVENTURE:

From <input type="text"/>	To <input type="text"/>	Number of days <input type="text"/>
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#### REASON FOR SPECIAL CONSIDERATION:

<input type="text"/>
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#### WHAT WAS AFFECTED: (please tick appropriate box)

<input type="checkbox"/> My attendance at examination	Subject:
<input type="checkbox"/> My examination performance	Subject:
<input type="checkbox"/> My formal assessment (e.g. presentation/project/lab)	Subject/Task:
<b>Other</b> – please give details:	

#### DECLARATION:

I understand that this is an explanation of illness/misadventure affecting my examinations/assessments and that I will be informed of the outcome by the Assessments Coordinator.

Student's Signature

Date of Request

OFFICE USE ONLY	
Received by:	Date:
Form signed by student and dated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, does it have Provider No and Doc's signature? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, do not accept Form or MC)	
Date form passed to Program Coordinator:	