



Please email this form directly to enquiries@unswglobal.unsw.edu.au along with any evidence i.e. medical certificates

SSER-006-FRM

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)

UNSW Foundation Studies Academic English Programs 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 To Number of days

REASON FOR SPECIAL CONSIDERATION:

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:
Other – 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
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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:	