SYDNEY POLYTECHNIC INSTITUTE

Level 4, 191 Thomas Street Haymarket NSW 2000
Phone: 02 9055 8558 **Email:** admissions@spi.nsw.edu.au **Website:** www.spi.nsw.edu.au **ABN:** 89 640 503 162 **Provider ID:** PRV14354 **CRICOS Provider Code:** 04090E

Special Consideration Form

Section A: Student Details

Student ID No.:	
Family Name:	Given Name:
Email Address:	

Section B: Type of Special Consideration

I hereby apply for (please tick):

☐ Extensions: Assignment
- Unit: _____
- Original Scheduled Due Date: _____

☐ Extensions: Deferred Exam
- Unit: _____
- Original Scheduled Exam Date: _____

☐ Supplementary Exam
- Unit: _____
- Original Scheduled Exam Date: _____

Section C: Grounds for Special Consideration

1. Reasons of application (please tick):

☐ Illness or serious health problem

☐ Serious personal trauma

☐ A cultural or sporting commitment at State, National or International representative level

☐ Jury duty

☐ Serious incapacity during exam

☐ Exceptional family, work or personal circumstances

☐ Defence Forces Reserve commitments

☐ Others: _____

2. Supporting Documentation [Demonstrating reasons of application]

Section D: Applicant's Declaration

I understand and agree to the following conditions,

- I have read SPI's *Student Assessment Policy and Procedure* and I declare that all the information on this form is correct and complete in every detail and understand inaccurate information I provided could lead to non-acceptance of my application.
- I authorise SPI to obtain further supporting information or official student records from any other institutions/organisations where necessary in regard to my application.
- I acknowledge and agree that SPI would use my information where necessary based on SPI's *Record and Information Management Policy*.

Signature of Student	Date (dd/mm/yyyy)

Office use only

Application Outcome ☐ Accepted ☐ Rejected

Application Comment:

Staff processed: _____

Signature of Staff	Date (dd/mm/yyyy)