

Application for Special Circumstances

The information and instructions for using this form appear on Page 4

Section 1–Student Details

Student number: _____	Date of Birth: _____
Family Name: _____	Given Name/s: _____
Address: _____	
Mobile: _____	
Email: _____	
Program Name: _____	
Award: <input type="checkbox"/> BA Degree <input type="checkbox"/> Local Diploma <input type="checkbox"/> Training Diploma	

Section 2 – Details of modules for which you are seeking special circumstances /extension

Study Period e.g:19T1	Module Code e.g:FLM110	Module Name eg:Film Studies & Practice

Section 3 – Your Statement of Special Circumstances

Your statement of special circumstances (together with your independent supporting documents) must demonstrate your claim. Special circumstances are those that are considered to be unusual, uncommon or abnormal. Your statement and documents need to show that these circumstances:

- Were beyond your control; and
- Did not make the full impact on you until right before the assignment submission of the module(s); and
- Made it impracticable for you to complete the module(s) and continue with your studies.

If your circumstances were of a health or medical nature, it would be helpful if your health practitioner also provided a letter explaining your circumstances in more detail. Medical certificates may not be sufficient as they typically do not provide enough detail of your circumstances to meet the criteria above.

Privacy

We recognise that your application may include sensitive personal information. Your information is used only for the purpose of enabling a small central team of staff to make a decision about your application.

Statement of Special Circumstances:

Section 4 – Student declaration

I am applying request of extension in relation to the modules listed in Section 2 on page 1.

I understand that it is my responsibility to establish sufficient grounds for and to provide evidence to demonstrate that these grounds exist.

I declare that the information I have provided on this application form and my attached statement is accurate and that I have read and I understand the information provided with this application form.

I acknowledge that the Institute reserves the right to confirm the information provided and may vary or reverse any decision regarding this application if it is found to be made on the basis of incorrect or incomplete information.

I give consent for the Institute to contact my treating health practitioner and/or other person or organisations named in my supporting documentation and for the health practitioner or other person or organisation to provide information to the Institute about the circumstances described in my statement and their impact on my ability to pass the modules listed above. I understand that I may be required to provide a more specific consent to disclosure of relevant information should this be required by the Institute.

I also give consent for the Institute to access supporting documentation that I have previously submitted for applications for special consideration and/or equitable assessment arrangements relevant to the teaching periods listed above.

I acknowledge that information may be sought in the Institute on communications and progress relevant to the courses included in this application.

Checklist

<input type="checkbox"/>	I have completed section 1 and 2 of this form and I have provided a statement of my special circumstances in section 3.
<input type="checkbox"/>	I have attached independent supporting documentation substantiating my statement of my special circumstances.
<input type="checkbox"/>	I have read this declaration and signed and dated it below.

Student Signature: _____

Date: _____