



Application for Special Consideration

This application form is to be used in accordance with the ***Special Consideration Policy***.

Please ensure that all supporting documentation and evidence is submitted to QIBA within 3 calendar days of submitting this application form. Late applications must include an explanation of the circumstances that prevented you from submitting this application form on time.

Important: Please complete and send to QIBA py.student@qiba.edu.au for approval.

Personal Details	
Date of Application	
Family Name	
Given Name/s	
Student ID	
Class Code	
Facilitator	
Contact number	
Email address	
Address <i>(including post code)</i>	

Is this application in respect to group work?

Yes

No

List other students involved:

(if applicable)



Special Consideration Requests:

Please indicate the assessment item/s for which you are requesting special consideration. All fields must be completed in the table below.

Unit Name	Type of Assessment e.g. examination, assignment, quiz	Was the assessment attempted? Y/N	Due date

Further Comments:

Office Use Only

Approved by: _____ Position: _____

Approval Date: _____

New Due Date for assessment: _____

New Graduation Date (if applicable): _____

Details recorded in VETtrak