

Bachelor of Engineering Technology (BET)

CRS1201286

FORM 1 – SPECIAL CONSIDERATION APPLICATION

Submit your application with supporting documentation within **48 hours** of the examination or assessment due date to:

BET.SPECIAL_CONSIDERATION@CHISHOLM.EDU.AU

Failure to do so within the time stated will result in immediate rejection of application.

SECTION A. PERSONAL DETAILS (TO BE COMPLETED BY STUDENT)

Family Name		Given Names	
Student ID Number		Email	
Semester		Year	

SECTION B. SUBJECT DETAILS (TO BE COMPLETED BY STUDENT)

Please complete a separate 'Special Consideration' form for each subject

Subject Code		Subject Name	
Marks Obtained		Attendance (%)	
Name of Lecturer		Date Due	

SECTION C. OTHER SUBJECTS UNDERTAKEN THIS SEMESTER (TO BE COMPLETED BY STUDENT)

Subject Code	Subject Title	Marks Obtained (Mid-semester Test)	Attendance (%)

SECTION D. REASON FOR REQUESTING SPECIAL CONSIDERATION (TO BE COMPLETED BY STUDENT)

Is there documentation attached to support your application? YES NO

Bachelor of Engineering Technology (BET)

CRS1201286

FORM 1 – SPECIAL CONSIDERATION APPLICATION

Submit your application with supporting documentation within **48 hours** of the examination or assessment due date to:
BET.SPECIAL_CONSIDERATION@CHISHOLM.EDU.AU
 Failure to do so within the time stated will result in immediate rejection of application.

SECTION E. ALL SUBJECTS UNDERTAKEN THROUGHOUT BET COURSE (TO BE COMPLETED BY STUDENT)					
Year	Semester	Subject Code	Subject Title	Marks Obtained	Attendance (%)

TO BE COMPLETED BY STUDENT	Yes	No
This is my first Special Consideration application. If NO, how many times have you applied previously? _____ When did you last apply? _____	<input type="checkbox"/>	<input type="checkbox"/>
I have discussed this matter with the subject Lecturer prior to submitting application.	<input type="checkbox"/>	<input type="checkbox"/>



Bachelor of Engineering Technology (BET) CRS1201286

FORM 1 – SPECIAL CONSIDERATION APPLICATION

Submit your application with supporting documentation within **48 hours** of the examination or assessment due date to:

BET.SPECIAL_CONSIDERATION@CHISHOLM.EDU.AU

Failure to do so within the time stated will result in immediate rejection of application.

I declare that the information provided by me is true and complete. I acknowledge that Chisholm Institute reserves the right to confirm the information provided and may vary or reverse any decision regarding Special Consideration on the basis of incorrect or incomplete information. I hereby give consent for the Institute to contact my treating practitioner and/or other person or organisation named in any supporting documentation to confirm/clarify the information provided and for the practitioner or other person/organisation to provide information relevant to my request for Special Consideration. I agree to provide a more specific consent to disclosure of the information should this be required by the organisation.

Student's signature		Date: / /
Lecturer's signature		Date: / /

OFFICE USE ONLY

This Special Consideration application is:

Approved Not Approved

Reason:

Student Administration Officer Name:

Student Administration Officer Signature:

Date: / /

Student notified of outcome: Yes No

Date: / /