

Bachelor of Engineering Technology (BET) (CRS1201286)

FORM 4 – APPLICATION FOR SUPPLEMENTARY EXAM

Submit your application to BET.SPECIAL_CONSIDERATION@CHISHOLM.EDU.AU

Prior to submission, check all criteria have been met:

- a) Student in the final semester of studies
- b) Student has successfully completed all but one or two subjects
- c) Failing mark is between 45%-49%
- d) Maximum of two supplementary exams per course of study

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 'Application for Supplementary Exam' form for each subject*

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

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

Subject Code	Subject Title	Marks Obtained	Attendance (%)

SECTION D. REASON FOR APPLICATION FOR SUPPLEMENTARY EXAM (TO BE COMPLETED BY STUDENT)

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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 Application for Supplementary Exam on the basis of incorrect or incomplete information. 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 Application for Supplementary Exam is: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	
Reason:	
Student Administration Officer Name:	
Student Administration Officer Signature:	Date: / /
Student notified of outcome: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: / /