

## **Special Consideration Application Form**

Student, Course and Unit Details		
Student First Name:		
Student Last Name:		
EIA Student ID:		
Course Name:		
Course Code:		
Unit Name:		
Unit Code:		
Unit Coordinator:		
Assessment Details		
Title:		
Due Date:		
Description: (provide details and requirements of the assessment)		

TEQSA Provider Number: PRV14317



Please provide details of your extenuating circumstances:		
Supporting Evidence and Informa	ition: (list and attach docun	nents to this form)
What is your expected resolution	?	
		(applicable for assignment only)
☐Provide an alternative form of		(,,,
☐Allow to discontinue from the	unit	
☐Other, please specify:		
Student Declaration		
Student Declaration		
I have read and understood the	EIA Special Consideration Po	olicy and Procedure.
I declare that all information and that providing incorrect/mislead		A are correct and true. I understand delay in processing my request.
Student Signature:	Date: /	/



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Decision Outcome:	☐Granted for an extension, new due date:
	☐Granted for an alternative form of assessment (additional comment required)
	☐Allow the student to discontinue a unit without penalty (additional comment required)
	☐Declined, no further action needs to be taken (additional comment required)
Additional comment:	
Date of Notifying Student:	
Person Notifying Student:	

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