

REQUEST FOR SPECIAL CONSIDERATION FORM



Australian International
Institute of
Higher Education

TEQSA Registered in the "Institute of Higher Education" category

Instructions: Submit the completed form along with any necessary supporting documentary evidence **within three working days of the scheduled date of the assessment task** to your Course Coordinator by email.

Bachelor of Business (Information Systems): coordinator.bbis@aiihe.edu.au

Bachelor of Business (Marketing): coordinator.bbm@aiihe.edu.au

Grounds Considered Valid for Extension Requests:

Students who experience circumstances beyond their control that inhibit their capacity to complete assessment tasks to the best of their potential, usually involving misadventure or illness, may apply for Special Consideration.

Student Details			
Full Name:		Student ID:	
Mobile Number:		Email:	
Course:			
Subject Details			
Semester and Year:		Lecturer:	
Unit Name:		Unit Code:	
Name of assessment item: <i>As per the Unit Outline</i>		Due date of assessment item: <i>As per the Unit Outline</i>	
Reason for extension:			
Length of requested extension <i>e.g. 1 day; 1 week</i>			
Supporting evidence attached?	Yes No	If Yes, please list:	
Student Declaration			
<ol style="list-style-type: none">I have included the necessary supporting documentation, if applicable.I have read and understood the Institute's Assessment Review Policy and Procedure and have completed this form in accordance with the requirements of the Policy. The information I provided in support of my review is true, accurate and complete.I authorise the Australian International Institute of Higher Education to seek information regarding my application and, if necessary, verify the authenticity of any documentation submitted.I understand that submitting this application form does not guarantee automatic approval of my extension request.If my request is approved, I am responsible for submitting my assessment by the revised due date.If my request for an extension results in a withheld grade and I plan to graduate in the next graduation period, my graduation may be postponed until the following graduation period or year.			
Name:			Student ID:
Signature:			Date: