

REQUEST FOR SPECIAL CONSIDERATION FORM



Australian International
Institute of
Higher Education

TEQSA Registered in the "Institute of Higher Education" category

Instructions:

Students can apply for special consideration from the Course Coordinator within three working days of the scheduled date of the assessment task. Submit the completed form along with any necessary supporting documentary evidence 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

Eligibility for Special Consideration 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.
- Applications for special consideration can only be considered for events that:
 - are of short-term impact;
 - are outside the control of the student;
 - can be substantiated with appropriate evidence;
 - have had a significant impact on the student's ability to complete an assessment task.

Any medical documents submitted as supporting evidence must cover sufficient details to provide an adequate rationale for the special consideration application.

For details, please read the AIiHE Assessment Policy and Procedure available on the Institute's website.

Student Details

Full Name:		Student ID:	
Mobile Number:		Email:	
Course:			
Campus:	<input type="checkbox"/> Sydney (NSW) <input type="checkbox"/> Brisbane (QLD)		

Subject Details

Semester and Year:		Lecturer:	
Subject Name:		Subject Code:	
Name of assessment item: (as per the Subject Outline)		Due date of assessment item: (as per the Subject Outline)	
Reason for requesting the special consideration:			

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Proposed length to complete
the Alternative Assessment
Task: (e.g. 1 day; 1 week)

Supporting evidence
attached?

☐ Yes | ☐ No

If yes, please list:

Student Declaration

- ☐ 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 special consideration request.
- ☐ If my request is approved, I am responsible for submitting my assessment by the revised due date.
- ☐ If my request for special consideration 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: