

REQUEST FOR SPECIAL CONSIDERATION FORM

Students that wish to request special consideration for an assessment should read the *Student Assessment Policy* before completing this form.
The policy is available from www.heli.edu.au/info/

Student Number:	
Family Name:	
Other Names:	
Email:	Mobile:
Which subject is this assessment in?	
For which assessment do you request special consideration?	
What is the reason for this request? (Provide details below, based on the mitigating circumstances listed in the policy and attach supporting evidence)	

Support to complete this form

If you require any support to complete this form or to obtain a copy of the *Student Assessment Policy* then you can contact the Student Support Officer via: support@heli.edu.au

DECLARATION

I hereby apply for special consideration of my assessment as indicated on this form.

Applicant Signature:

Date:

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Once completed this form should be submitted to the Course Coordinator by email

Office use only

Date received:

Special consideration? Yes No

Date student notified:

If special consideration is granted what is the outcome?

If special consideration is not granted why?