**MFS26: Request for Special Consideration Form**

Students seeking special consideration should complete and submit this form to Student Services Coordinator within three (3) working days after the assessment due date with the required evidence documents outlined in MITP91 Special Consideration Policy and Procedure. Please note that evidence/proof supporting your claims must be submitted for your application to be considered.

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| Student Name: |  |
| Student ID Number: |  |
| Contact Details: |  |
| Course Code & Title: |  |
| Indicate the assessment task/s you are requesting special consideration | **ASSESSOR USE ONLY** |
| Unit Code | Unit Name | Assessment Task Name | Assessment Task Due Date | Approved | Reason for Not Approved | Assessor Signature  |
| Yes | No |
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| Provide reasons for your special consideration request. (i.e. illness, bereavement, etc.) |
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| How has this affected you or your studies? |
|  |
| Student Declaration:By signing this form, you are declaring that you have read and understand the information provided and that the information you have provided is accurate and true. |
| Signature |  | Date |  |

**Please return this form to our office by email to** **info@menzies.vic.edu.au**

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| **ASSESSOR USE ONLY** |
| Assessor Name: |  | Date Received by Assessor: |  |
| Completed the ‘Assessor Use Only’ section in the form: | Yes |  |
| No |  |
| Additional comments including specific outcomes of the decisions.  |  |
| Signature: |  | Decision Date: |  |

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| **OFFICE USE ONLY** |
| Date Received from Student: |  | Received By: |  |
| Date Submitted to Assessor : |  | Submitted By: |  |
| Date Received from Assessor: |  | Received By: |  |
| Date Outcome Informed to Student: |  | Informed By: |  |