

## Special Consideration Application Form

### Instructions to students:

This form is to be completed by students wishing to apply for an extension to an assessment deadline or exam due to unexpected or extenuating circumstances. Please submit the completed form and with supporting documentation and submit to the Higher Education Administrator via [SPC@lyons.edu.au](mailto:SPC@lyons.edu.au)

Applications for special consideration must be made no later than THREE days (including weekends) after the scheduled date of an assessment.

If you are completing a hard copy of this form, please write in BLOCK LETTERS using a black or blue pen.

This form aligns with Lyons College HE Special Consideration Policy and Procedure. Please refer to the policies & Forms on the Lyons website [www.lyons.edu.au](http://www.lyons.edu.au) for more information.

Part 1. PERSONAL INFORMATION			
Student Name		Student ID	
Date of Birth		Nationality	
Email Address		Mobile Phone	
Part 2. UNIT & ASSESSMENT DETAILS			
Course Name			
Unit Code		Unit Name	
Lecture Name			
Details of Assessment			
Weight of the assessment toward final grade			
Due Date of the assessment			
Part 3. REASON(S) FOR REQUESTING A SPECIAL CONSIDERATION			
<input type="checkbox"/> Medical Reasons			<input type="checkbox"/> Personal Trauma of Crisis
<input type="checkbox"/> Death of Immediate Family Member			<input type="checkbox"/> Family Trauma or Crisis
<input type="checkbox"/> Other (Provide Details here):			
Part 4. LIST OF SUPPORTING DOCUMENTATION ATTACHED (for example: Medical Certificate, Police Reports, Death Certificate, Emergency Service, etc.)			
<input type="checkbox"/> Supporting documentation attached			

**Part 5. STUDENT DECLARATION**

I, \_\_\_\_\_, as a student of Lyons College, hereby declare that the information that I have provided in this application is true and accurate, and I acknowledge that the provision of misleading or false information will result in disciplinary action. I understand that this information is required for the College to make an informed decision in regard to this application.

The student has agreed to the above stipulations as indicated by their signature below.

**Student Signature:**

**Date:**

**LYONS COLLEGE OFFICE USE ONLY**

**Outcome of request**

Granted

If granted, please specify the new due date:

Declined

Reasons for decline:

Recommended Action

Program Coordinator Signature

Date