NATIONAL ACADEMY OF PROFESSIONAL STUDIES

PROVIDER ID: PRV14303 | CRICOS PROVIDER CODE: 04009C

SYDNEY | MELBOURNE

A004F Special Consideration Application Form

This form needs to be submitted to relevant Student Services no later than three days after the examination or assignment is due, along with the supporting document.

Failure to provide the required documentation may result in the application being declined. Students who wish to apply for Special Consideration or Exceptional Circumstances for an assessment or examination must complete this form. Submission of this application does not guarantee approval or the granting of Special Consideration or Exceptional Circumstances. All applications will be assessed in accordance with the NAPS's Special Consideration Policy.

For more information, see the related polices: A004 Assessments Policy and A005 Examinations Policy or contact Student Services.

Staff need to save a copy of this form in both the student's record and the Special Consideration file, and rename it as NAPS A004F STUDENTS LAST NAME AND STUDENT NO.

Student Name			
Student ID		Address	
Email		Tel/Mobile	
Date of Assignment or Examination			
Date Form Submitted			
Course		Unit	
Lecturer's Name		Assessment Name/Number	

REQUEST:

Assessments

☐ Extension to Assessment Deadline ☐ For an Alternative Assessment

Examinations

☐ Application to Defer an Examination (circle: mid-trimester / end of trimester)

☐ Apply for a Supplementary Examination (Available only to students who have received a Supplementary Examination eligibility notice.) (circle: mid-trimester / end of trimester)

NB unless it is your last trimester, you are only eligible for one supplementary examination per trimester.

Are you in your last trimester? ☐ Yes ☐ No

Is this your only supplementary examination request for this trimester? ☐ Yes ☐ No

If not, name of unit and date of other request:

Requests must be submitted no later than three working days after the date of the examination or assessment due.
Reason for Request:

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Evidence Attached to Support Request: ☐ Medical ☐ Police or other emergency services ☐ Letters from a counsellor or other qualified professional ☐ Others (Please Specify) Details:

Contact Details of Supplier of Evidence so NAPS can contact them for confirmation if required:	
Name/Title	
Company	
Email	
Telephone	

Student Declaration I declare that the information provided by me is correct and complete and I am aware that my application for special consideration will be assessed according to NAPS Assessment and Examination Policies.	
Student's Signature	
Date	

Note: Supplementary Examinations and Assessment will incur a $150 administration fee.
Once approved, students are required to make the payment within 2 business days of approval.

For Office Use Only			
Date received		Evidence Confirmed (Date)	
Result of Request		Method	
New date for assessment due or examination re-sit		Date Student Notified	
Does Fee Apply? ☐ Yes ☐ No			Amount: $150
Payment made (date) (cheque/EFT)			
Verified by Dean or Dean's Nominee - ☐ **Approved** ☐ **Not Approved**			
Name			
Signature			
Date			