

# National Academy of Professional Studies (NAPS)

## A004F Special Consideration Application Form

**NB Documentary evidence from the student is required.**

**This form needs to be submitted to Student Services no later than five days after the examination or assignment due.**

Students who wish to apply for Special Consideration or Exceptional Circumstances for an assessment or examination need to complete this form. For more information, see the related policies: 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.

<b>Student Name:</b>	<b>Student ID Number:</b>
<b>Address:</b>	
<b>Email:</b>	<b>Telephone/ Mobile:</b>
<b>Date of Assignment or Examination:</b>	<b>Date Form Submitted:</b>
<b>Course:</b>	<b>Unit:</b>
<b>Lecturer's Name:</b>	
<p><b>Request:</b></p> <p><b>Assessments</b></p> <p><input type="checkbox"/> Extension to Assessment Deadline                      <input type="checkbox"/> For an Alternative Assessment</p> <p><b>Examinations</b></p> <p><input type="checkbox"/> Application to Defer an Examination (circle: mid-trimester / end of trimester)</p> <p><input type="checkbox"/> Received eligibility for Supplementary Examination notice – applying for supplementary  <b>Circle one:</b> mid-trimester exam / trimester exam  NB unless it is your last trimester, you are only eligible for one supplementary examination per trimester.</p> <p><input type="checkbox"/> Are you in your last trimester?</p> <p><input type="checkbox"/> Is this your only supplementary examination request for this trimester?</p> <p>If not, name of unit and date of other request: _____</p> <p><b>Requests must be submitted no later than five working days after the date of the examination or assessment due.</b></p> <p><b>Reason for Request:</b></p>	

**Evidence Attached to Support Request:**

- Medical
- Police or other emergency services
- Letters eg from a counsellor
- ...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*

**Notes: 1)** Supplementary Examinations will incur a \$150 administration fee.

**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 Registrar - APPROVED /NOT APPROVED**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_