



APPLICATION FOR SPECIAL CONSIDERATION

(STUDENT TO complete this form in **BLOCK LETTERS**)

INSTRUCTIONS: Please read carefully before completing this application

To maximise the chance of students successfully completing their training, Hays International College needs to:

- identify any support student need prior to their enrolment or commencement
- provide access to that support throughout their training.

This may include providing but not limited to:

- Language, Literacy and Numeracy (LLN) support
- assistive technology
- additional tutorials
- other mechanisms, such as assistance in using technology for online delivery components.

A student can apply for special consideration:-

- At any time, a student's study during the academic year has been hampered to a significant degree by illness or other extraordinary cause; or
- A student has been prevented by illness or other extraordinary cause from preparing or presenting for all or part of a component of assessment such as assignments and examinations; or
- A student has been, to a significant degree, adversely affected by illness or other extraordinary cause during the performance of a component of assessment

The application will be considered on the basis of the evidence presented to support the case, provided that:

- The completed and signed application form is lodged to Hays International College; and
- The circumstances (illness or extraordinary cause) were reasonably beyond the student's control; or
- The circumstances (illness or extraordinary cause) significantly hampered the student's performance; or
- The appropriate supporting documentation are attached to the application

If the student is unable to submit the form, they must ensure that the Student Administrator is advised (by telephone, email or in person).

FAMILY NAME (SURNAME)	
FIRST NAME (GIVEN NAME)	
HIC STUDENT ID	
COURSE CODE	
COURSE NAME	
STUDENT ID NUMBER	
TELEPHONE NUMBER	
EMAIL ADDRESS	
DATE OF LODGEMENT	



Hays International College

CRICOS Number: 02790D Provider Number: 21838

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Reason for application for Special Consideration: Please attach all documentary evidence (if applicable). Outline clearly your issue. Please attach letter if more space is required.

Student Signature: **Date:**

For Office use only:

Form received by _____ Date _____

Meeting assigned to be conducted by (Please circle) - Course Coordinator or PEO Date _____

Student Informed of the Meeting by _____ Date _____



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<p>Outcome of the Special Consideration Meeting</p>	
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Special Consideration Approved *Yes / No (Please circle)*

Further Action Required *Yes / No (Please circle)*

Notified of Outcome by (name) _____ *Date* _____

Signature of Responsible Person _____

Copy Placed in Student File By _____ *Date* _____