

Application for Special Consideration

Candidate Name:	Candidate Exam Number:
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Assessment/Examination for which an application is being made	
Subject Title	Date of Assessment

Date the problem began:	Is the problem continuing? YES NO
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Summarise the adverse circumstances affecting coursework, non-examination assessment or timetabled written examinations and the impact this had on the candidate.

Current Medical/psychological evidence is attached (delete as applicable) YES NO

Declaration by parent/carer
 I understand that it is fraudulent for a candidate to apply for Special Consideration if the reason for the application is untrue.

Name (please print): Signature:

Dated:

Declaration by candidate
 I can confirm that the information that I have provided is a true and accurate representation.

I understand that my examination results can be withdrawn if the information I have provided for this application is proven to be fraudulent.

Name (please print): Signature:

Dated: