

Request for Special Consideration

Students are advised to refer to the [GBC Assessment Policy](#) before completing this form.

Note: All requests for Special Consideration must be supported by appropriate supporting documentation.

Please submit all requests and supporting documentation to the Student Support (studentsupport@gatewaycollege.edu.au)

| | | | |
|-------------------|--|-------------|--|
| Given Name | | Family Name | |
| Student Number | | Degree | |
| Contact Phone No. | | Email | |

What Special Consideration is Requested (e.g., extension of time; deferred exam/test; supplementary assessment because of factors affecting your performance; change of study load; other)

What Extenuating Circumstances Qualify you for Special Consideration (*Documentary evidence must be attached.*)

What outcome do you expect? (*Provide further detail in attached documents*)

Please indicate which supporting documents are attached

Note: You cannot submit this form without supporting documentation

The detailed reason for the request, including the circumstances that apply and the desired outcome.

Medical certificates Witness statements Other (specify) _____.

Please indicate the people with whom you have discussed this matter (if any)

Staff member (name):.....

Other person (specify).....

Student Signature: Date:

OFFICIAL USE ONLY

Approved Denied

Reason: _____

Actions required: _____

Recorded on Student record Yes No

Staff Name; _____ Staff signature: _____ Date _____