**SPECIAL CONSIDERATION FORM**

This form should be completed and signed by the students, who are unable to submit/ sit for the assessment on time due to a genuine reason such as sickness or bereavement, and should submit it along with supporting documents to the administrative officer of the respective department. The decision of the department will inform to the students via an email.

1. **Name with initials**: Click or tap here to enter text.
2. **Student Number**: Click or tap here to enter text.
3. **Email address:** Click or tap here to enter text.
4. **Department: Please tick the check box**

Commerce and Financial Management

Accountancy

Human Resource Management

Marketing Management

Finance

1. **Course Unit the assessment due**: Click or tap here to enter text.
2. **Course code**: Click or tap here to enter text.
3. **Original due date of the assessment**:Click or tap here to enter text.
4. **Type of the assessment**:

Assignment  Group  Individual

Presentation  Group  Individual

Mid-term test

Other (specify)  Click or tap here to enter text.

1. **Course lecturer**: Click or tap here to enter text.
2. **Reason for absent**: Click or tap here to enter text.
3. **Evidence attached**: Yes  No
4. **Signature of the student**:
5. **Approval of the examination committee**

This request is approved/ not approved.

If approved, the extended new date for the assessment: Click or tap here to enter text.

Signature of the Examination Committee (for):