

Application for Special Consideration

This form is to be used in conjunction with the London School of Business & Finance Special Consideration policy. It must be handed in to Program Manager within one (1) week from the release of the results. Late submissions cannot be considered.

If your application relates to personal illness (or illness of another person that has an effect on you) it must be accompanied by a medical certificate which has been completed by a registered medical practitioner and must state that in the medical practitioner's opinion you were unfit to attend an assessment component or have been or will be adversely affected by illness. The medical certificate must cover the date on which the assessment is held.

You are encouraged to provide as much documentary evidence as possible to support your application.

SECTION A: STUDENT DETAILS			
Student ID:			
Name of Student			
Contacts			
E-mail			
Course			
Intake			
Module Title	Date of Assessment	Did you attend the exam?	Did you complete the coursework?
		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>

REASON FOR APPLICATION (please tick):		
Medical	<input type="checkbox"/>	<i>Medical certificate(s) must be attached</i>
Non-medical	<input type="checkbox"/>	<i>Supporting document(s) must be attached</i>

State period during which your studies were affected:

From:	/	/
To:	/	/

Student sign & date: _____

Receiving Program Manager sign & date : _____

SECTION B: SUPPORTING STATEMENTS

Reasons for this Application

Outline the reasons why you believe that you have been seriously disadvantaged in your assessment during the Term or during the Examination period. Continue on a separate sheet if necessary.



FOR OFFICE USE ONLY

Date received	
Payment received	Yes / No
Attendance at module	
Teacher / Marker	
Response from teacher / marker on merit of appeal	
Date of meeting of Examination Board	
Decision of Examination Board (Copy of Minutes of Meeting must be attached)	
Re-test date (if applicable)	
Remarks (if any)	

Signature of Head of Department & date

Signature of Program Director & date