



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 submitted to the Academic Coordinator within two (2) working days from the release of the examination results. Late submissions will not 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			
Name of Student			
Student ID			
Contact			
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"/>	Medical certificate(s) must be attached.
Non-medical	<input type="checkbox"/>	Supporting document(s) must be attached.

State period during which your studies were affected:

From:	/	/
To:	/	/

Signature of Student / Date: _____

Signature of Acad. Coordinator / 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.



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Date received	
Payment received	Yes / No
Attendance at module	
Lecturer / Marker	
Response from lecturer / 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 Examination Officer / Date