



Australian College of Applied Psychology

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School of Psychological Sciences Examinations Application for Special Consideration

Please print in BLOCK LETTERS

PLEASE NOTE: Approval for special consideration is not automatic on lodgement of this form.

Student details

Student number:
First name:
Surname:
Email address:
Phone number:
Registered with Accessibility: <input type="checkbox"/> Yes <input type="checkbox"/> No

Course Details

Full title of course:
Campus: <input type="checkbox"/> Sydney <input type="checkbox"/> Brisbane <input type="checkbox"/> Melbourne <input type="checkbox"/> Adelaide

Special consideration for unit/examination

Unit Code	Unit name	Date	Time

Applying for:

<input type="checkbox"/> Extra time for the examination
<input type="checkbox"/> Approval to sit the examination at the deferred examinations session set by the Discipline
<input type="checkbox"/> Other (Please specify):

Please state briefly the reason for your application in your own words:

How many evidentiary documents accompany this application?

Student declaration and signature

I declare that the information I have provided on this application is correct. I understand that if I make any false or misleading statements I may be liable for disciplinary action.

Applicant's signature:
Date:

Please complete, scan and email to: registrar-exams@acap.edu.au

OFFICE USE ONLY

Date received:
<input type="checkbox"/> Approved <input type="checkbox"/> Student contacted