

Please print in BLOCK LETTERS

In light of the social distancing rules enforced from March 2020, examinations will no longer take place on campus. If you are not sufficiently equipped to sit your examination from home, please complete and submit this form so arrangements can be made for you to sit the examination at your local campus.

PLEASE NOTE: Approval is not automatic upon lodgement of this form.

1. Student details

Student number:
Family name:
Given name(s):
Email:
Contact number:
Address:
Campus: Sydney Brisbane Melbourne Adelaide Perth
Registered with AccessAbility?: Yes No

Note: The campus you selected above will be associated with this application unless otherwise noted in your statement.

2. Course details

Full title of course:
Campus: Sydney Brisbane Melbourne Adelaide Perth

3. Exam details

Unit Code	Unit Name	Date	Time

4. Please state briefly the reason for your application in your own words.

Example: You do not have a stable internet connection at home.

5. How many evidentiary documents accompany this application?

6. 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 (DD/MM/YYYY):

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

OFFICE USE ONLY

Date received ____/____/____ (DD/MM/YYYY)