

Please print in BLOCK LETTERS

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

1. Student details

Student number:
Family name:
Given name(s):
Email:
Contact number:
Registered with AccessAbility?: <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Course details

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

3. Special consideration for unit/examination

Unit Code	Unit Name	Date	Time

4. Applying for:

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

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

6. How many evidentiary documents accompany this application?

7. 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)

Approved Student contacted