

**Request for Special Consideration for Examination**

Special Consideration is a post examination adjustment to a candidate's mark or grade to reflect temporary illness, temporary injury or other indisposition at the time of the examination.

Return to Exams Officer

Name: _____ **Candidate Number:** _____

Examination in which you feel your performance has been affected by adverse conditions:

(You must include the following information for us to process your request)

Awarding Body: _____ **Subject:** _____

Subject Code: _____ **Unit Code:** _____

Date of paper for which Special Consideration is being requested: dd/mm: _____ am/pm*

Date problem began dd/mm/yyyy: _____

Is problem continuing? Yes/No*

Brief description of adverse circumstances affecting examination performance, controlled assessment or coursework:

Medical Evidence attached / to follow*

* delete as appropriate

Please forward appropriate and up to date evidence as quickly as possible and at latest within one week of taking the examination. Requests will not normally be forwarded to the awarding body without medical evidence.

To be completed by SLT Examinations (EI)

Special Consideration Approved: Yes / No

Signed: _____ **Date:** _____

Office Use Only

Date Received by EO _____ **Date processed by EO:** _____