

HE Special Consideration Application Form

Before completing this form you should read the HE Special Consideration policy. If you have any queries please contact the appropriate team.

Full-time Programmes: +44 (0)20 7337 6293/4, or email ftp@edu.libf.ac.uk

Undergraduate Part-time Programmes: +44 (0)1227 818660 or email ptp@libf.ac.uk

Postgraduate Programmes: +44 (0)7444 7120 or email masters@libf.ac.uk

Apprenticeship Programmes: +44 (0)203 372 2221 or email apprenticeships@libf.ac.uk

You must return the completed form together with the supporting evidence within 5 working days. Please note that incomplete application forms may not be accepted.

CONTACT DETAILS

LIBF number _____

SPECIAL CONSIDERATION APPLICATION

Qualification name: _____

Assessment name: _____

Assessment date: _____

Does this application relate to an incident at the assessment venue? Yes No

Was the invigilator informed about your concern(s)? Yes No

Does this application relate to health / personal circumstances Yes No

Please provide full details about the circumstances that led to this application, including dates and times relevant to your studies.

Continue on a separate sheet if necessary.

