

# 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

**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.

## SECTION 1 – CONTACT DETAILS

LIBF number \_\_\_\_\_

## SECTION 2 – 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.

