

Before you start, please ensure you have read and understood the following guidelines:

1. **Assessment Information:** Make sure you have all the necessary information regarding the assessment/s. For more information, please refer to the course guide or Canvas.
 - The type of assessment task (an assignment, an online assessment, a test, a final examination, etc.)
 - Assessment weighting.
 - Date by which the assessment is due.
 - The nature of the assessment (individual or group).

IMPORTANT: Confirm all details before submitting. An incorrect assessment detail may result in your application being withdrawn.

2. **Supporting Documentation Verification:** In the case of any supporting documents, they will be verified with the relevant health professional or organisation.
 - Please be aware that submitting false or misleading information, including altered documents, may result in disciplinary action under MIHE's Student Conduct Policy. It is the policy of the MIHE to treat fraudulent activities seriously and to impose penalties on them, including expulsion, suspension, or course failure.

Student Detail:

Full Name: _____ Student ID: _____

Email Address: _____

Course Name: _____ Subject Name: _____

Assessment Details:

1. Type of Assessment Task: _____ (e.g., Assessment, Online Test, Final Exam)
2. Weighting of the Assessment: _____ %
3. Due Date of the Assessment: _____ (DD/MM/YYYY)
4. Nature of Assessment:
 - Individual
 - Group
 - Final Exam

Reason for Special Consideration:

Please describe briefly the reasons for your request for special consideration. It is important to keep in mind that any medical or other documentation provided as evidence will be verified.



Supporting Documents attached (if applicable)

- Medical Certificate
- Other (Please specify) _____

Student Declaration:

By submitting this form, I certify that the information provided is accurate and complete. In the event that I submit false or misleading information, I understand the consequences.

Signature: _____ Application Date: _____

For Office Use Only

Received by (Name): _____ Date Received: _____

Action Taken:

- Approved
- Denied (reason provided below).
- Requires Further Documentation.

Approved by:

Name & Signature: _____ Date Approved _____

Comments/Notes from Application reviewer:

Outcome Communicated to Student: Yes/No

Notes added on WiseNet. Yes/No

Processed & store by (Name): _____ Filing Date: _____

