

APPLICATION FOR SPECIAL CONSIDERATION

Academic Registry • 3 Cleary St • Private Bag 31914 • Lower Hutt 5040 • New Zealand

Phone 0508 650 200 • 04 913 5300 • Fax 04 913 5582 • www.openpolytechnic.ac.nz • email: registrar@openpolytechnic.ac.nz

Note

Use this form if you are applying for special consideration of your enrolment options due to exceptional circumstances beyond your control which may have disadvantaged you in comparison to other students. Complete and attach supporting documentation and send to Academic Registrar at the address above, and mark the envelope 'Personal and Confidential'.

Criteria for Eligibility

This form must be received by the Academic Registrar before your assessment due date or enrolment end date, and your reason for applying must fall under one or more of the following categories:

Medical – conditions of a serious nature, e.g., hospitalisation, serious illness or injury

Bereavement – death of a close family member

Trauma – sudden loss of employment, severe disruption to domestic arrangements, victim of crime.

Your application must be supported by documentary evidence, as outlined.

Personal Details – Please print clearly

Family Surname _____

Given First Name(s) _____

Home Address _____

Student number

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Date of birth

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Signature _____

Date

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Telephone () _____

Course(s) you are seeking special consideration for

Reason for Special Consideration Request (supporting documentation must be attached)

- Medical Condition – a certificate from a registered medical practitioner describing the condition suffered, relevant dates you were affected, and how the condition has, or would, affect your studies. Stating 'illness', 'medical condition' or 'not fit for work' on a medical certificate is not sufficient explanation.
- Bereavement – a death certificate or notice, and evidence which shows the relationship between you and the deceased person.
- Trauma – a letter from your employer or lawyer, or a police report, which explains your trauma impact in detail and the way in which it has, or would, affect your ability to complete your course work within the enrolment period.

Additional information:

What Outcome Will Enable You to Successfully Complete Your Enrolment? See Assessment Deadline – Additional Time To Complete Your Enrolment for outcomes which may be considered

Office Use Only

Application actioned:

Signature _____

Date

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Outcome approved: _____
