



Request for Special Consideration

File no.

This form is for a request to the Chair of Appeals, Conduct & Grievances to make a determination on an appeal for special consideration. Students are advised to refer to both the [Glossary of Terms](#) and read the relevant section in the [Handbook](#) before completing this form. Email **all** supporting documentation to appeals@icms.edu.au

Given Name		Family Name	
I.D.		Course of Study	
Contact No.		Email (ICMS)	
Select Request Category (e.g. illness, accident,)			

Brief description of Special Consideration (Provide **further detail** in attached documents)

Brief description of desired outcome (Provide **further detail** in attached documents)

Please record, where necessary, the persons that you have discussed this matter

- Staff member/student rep. (name):
- Manager/Supervisor (name):
- Other person (specify)

Please indicate which supporting documents are attached

- The reason for the request on typed A4 paper, **including the desired outcome**.
- Medical certificates Witness statements None
- Other (specify)

Student Signature: Date:

Time/Date Received: Received by:

[STUDENT ADMINISTRATION USE ONLY]

- Approved Denied
- Avantis Status Finance Committee COS Number _____ PRISMS

Student Admin Staff _____ Action Date _____ Appeal number: _____