

SUPPLEMENTARY EXAMINATION REQUEST

This form is for a request to the Chair of Appeals, Conduct & Grievances to make a determination on an examination. Students are advised to refer to the [Glossary of Terms](#) and to read the relevant section in the [Handbook](#) before completing this form. All documents are to be emailed to appeals@icms.edu.au within **two (2) days** of the final examination.



PERSONAL DETAILS

Family Name	<input type="text"/>	Student ID	<input type="text"/>
Given Name	<input type="text"/>	Course	<input type="text"/>
Contact No.	<input type="text"/>	Email	<input type="text"/>

EXAMINATION DETAILS

Subject Code	<input type="text"/>	Lecturer	<input type="text"/>
Subject Name	<input type="text"/>	Scheduled Date of Exam	<input type="text"/>

REASON / GROUNDS FOR REQUEST

Medical Reasons Please ensure you attach / submit a valid medical certificate with your request

OR

Exceptional / Extenuating Circumstances Please provide details of the circumstances below

Details / Notes (Full reason for the request)	<input type="text"/>
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Signature:	<input type="text"/>	Date (dd/mm/yyyy):	<input type="text"/>
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Note: Students who miss a Final Examination must apply for a supplementary no later than two days following the due date of the final examination. The Chair of Appeals will not accept requests after this timeframe.

STUDENT ADMINISTRATION USE ONLY

Outcome of Request	Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>
Entered in Supplementary Exam Database	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Student advised of Date + Time of Supplementary Exam	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>