Mark Rutherford School - Application for Special Consideration

Candidate Name:	**Candidate Exam Number:**

Assessment/Examination for which an application is being made	
Subject Title	**Date of Assessment**

Date the problem began:	**Is the problem continuing? YES NO**

Summarise the adverse circumstances affecting coursework, non-examination assessment or timetabled written examinations and the impact this had on the candidate.

Current Medical/psychological evidence is attached (delete as applicable) YES NO

Declaration by parent/carer
I understand that it is fraudulent for a candidate to apply for Special Consideration if the reason for the application is untrue.

Name (please print): …… Signature: ……
Dated: …….

Declaration by candidate
I can confirm that the information that I have provided is a true and accurate representation.

I understand that my examination results can be withdrawn if the information I have provided for this application is proven to be fraudulent.

Name (please print): …… Signature: ……
Dated: ……