M.S Aviation Pty Ltd T/A Australian School of Commerce
RTO NO. 41089 I CRICOS NO.: 03489A
Melbourne Campus: Level 4, 123-129 Lonsdale Street Melbourne, Victoria 3000 Australia
Hobart Campus: Level 4, 18 Elizabeth Street, Hobart Tasmania 7000 Australia
Ph: 1300 781 194 I E: Info@asoc.edu.au I W: www.asoc.edu.au
ABN: 87 160 483 447

Australian School of Commerce

SPECIAL CONSIDERATION FORM

Student Full Name:		**Student ID:**	
Email:		**Phone:**	
Date of Application:			
Course Name:			

Reason for Application:

☐ Medical condition/illness (attach medical certificate)
☐ Bereavement of close family member (attach death certificate)
☐ Serious personal circumstances (e.g. victim of crime, trauma)
☐ Religious or cultural obligations
☐ Natural disaster/emergency event
☐ Other (please specify): _____

Briefly describe your circumstances and how they have impacted your study, assessment, or attendance:

Supporting Document Completed (Please tick the documents you have attached):

☐ Medical Certificate
☐ Death Certificate
☐ Police report/statutory declaration (if applicable)
☐ Trainer/Assessor, or other relevant authority (if applicable)
☐ Letter of Support from Manager or Supervisor Trainer/Assessor, or other relevant authority (if applicable)
☐ Other; please specify: _____

Students Declaration

I declare that the information provided in this application is true and correct. I understand that:

- Submission of false or misleading information may result in my application being rejected.
- All personal information collected will be handled in accordance with the Privacy Act 1988 and ASOC's Privacy Policy and may be shared with the Australian Government where required under the ESOS Act 2000 and the National Code 2018.

Student Signature:		**Date:**	

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OFFICE USE ONLY			
Outcome:	☐ Approved ☐ Not Approved		
Comments/Conditions:			
Authorised Staff Name:			
Student Signature:		**Date:**	