

## SPECIAL CIRCUMSTANCES FORM

For information about this form, please refer to the CG Spectrum Institute [Policies & Procedures](#).

### 1. Student Details

<b>Student ID:</b>	<b>Date of Birth:</b>
<b>Student Full Name:</b>	
<b>Email:</b>	<b>Telephone:</b>

### 2. Unit of Study Details

<b>Course Title</b>	
<b>Subject Name and Code :</b> (please list all affected subjects):	<b>Teaching Period</b> or each affected subject - <b>for example, Trimester 1, 2024.</b>

### 3. Special Circumstances

<b>Reason(s) for requesting consideration of your special circumstances</b> (please tick the appropriate box(es)):	<input type="checkbox"/> <b>Family</b> <input type="checkbox"/> <b>Financial Issues</b> <input type="checkbox"/> <b>Bereavement or loss</b> <input type="checkbox"/> <b>Medical (including Mental Health)</b> <input type="checkbox"/> <b>Other</b>
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**Please set out your special circumstances.**

(For example, you need to outline all of the key information regarding your special circumstances, including a description of your circumstances, to what extent the circumstances were beyond your control, and a timeline of events).

If the space provided in this form is not sufficient, please submit additional documentation in a separate file.

**Please set out below how the circumstances outlined above have impacted your ability to:**

- remain enrolled in the subjects listed above;
- complete all assessment tasks to the best of your ability;
- submit assessment tasks by the due date;
- apply for an extension before the due date;
- complete all required student administration processes;
- complete all Fee-Help requests and requirements; OR
- other (please specify)

If the space provided in this form is not sufficient, please attach a separate file

**Please set out the date(s) or when you noticed the full impact of your circumstances on your enrolled subjects**

If the space provided in this form is not sufficient, please attach a separate file.

#### 4. Supporting Information and Documentation

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Please attach supporting information and documentation for your special circumstances application to this form.

#### 5. Student Acknowledgment

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By submitting this form, you acknowledge that:

- the information you provide is true, that it accurately represents the facts of your circumstances and includes all details relevant to your application to CG Spectrum Institute (**CGSI**);
- you have not withheld any information, which is relevant for consideration of CGSI; and
- providing incorrect or incomplete information may delay the processing of your application.

#### 6. Privacy Statement

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CGSI recognises the importance of your privacy and is committed to protecting your personal information from unauthorized use and disclosure, except where permitted by law. By submitting this form, you consent to the disclosure of your personal information (including any sensitive information) to CGSI for the purposes of reviewing and considering your special circumstances application.

For more information about how we collect, handle, store and disclose personal information, please refer to our [Privacy Policy](#).

#### 7. Signature

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Student's signature \_\_\_\_\_ Date:    /    /

Submit your form by email to [studentservices@cgspectrum.institute](mailto:studentservices@cgspectrum.institute)

#### Office Use Only

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Date Received:	Date submitted for review:
Processed by:	