

## 1. CONTACT DETAILS

Title	Surname/Family name	First name	Second/Middle name
Telephone (home)			Telephone (work)
Mobile		Email	

## 2. COURSE INFORMATION

2.1 Name of course applied for

2.2 I have submitted an application to the Admissions Office Yes No

## 3. REASON FOR REQUEST OF SPECIAL CONSIDERATION

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Please attach any supporting documentation e.g. doctor's certificate, letter of support etc.

Please return this completed form to the Admissions Office:  
admissions@nd.edu.au

**OFFICE USE**

DATE RECEIVED:

SIGNATURE:

STAFF MEMBER: