

Special Consideration Application Form for Cambridge Examinations

This form must be return to the Cambridge Examinations Officer within 3 days after the date of absence. If not, the Cambridge Examinations Officer has the right to reject this application request. The Exams Officer is responsible to submit the form for the candidate. However, Cambridge Assessment International Education will be the one to evaluate the application and make the final decision. The acceptance or rejection of the application is out of the control of the school.

Candidate Name:(Name on th	e Electronic Stateme	nt of Entry)	
Candidate Number:		_	
			Class Number:
Exam series: June/November 20			
Syllabus Code:	Syllabus title:		
Component code:	Component title:		
Please tick the service for which you want to apply. ☐ Absent with good reason ☐ Present but disadvantaged			
Date of absence/examination:			
Reason:			
Do you hold medical or other evidence supporting your request? <u>YES / NO</u> (If yes, please provide the evidence when you return this form)			
I confirm all the above informat because of the wrong informati		•	ility if the application is rejected
Candidate's signature:			Date:
Parent's signature:			Date:
	For Staff	only	

Staff's signature: _____ This form was received on: ____