

Application For Special Assessment Arrangements For Students From Language Backgrounds Other Than English

This form is to be used to request changes to the form or timing of specific assessment tasks before 10% of a teaching period has elapsed. THIS FORM MUST BE SUBMITTED TO YOUR COLLEGE ADMINISTRATION OFFICE.

1. Contact Details	JRM MUST BE SUBMIT	TIED TO TOOK CC	DELEGE ADMIN	NISTRATION OFFI	CE.		
Family name:	Univers	University ID:					
Given names:			address:				
Postal Address:							
State:		Postco	de:				
Phone:		Mobile:					
2. Academic Progra	am						
Program:		F	Program Code:				
Year started at ANU:							
3. Application Crit Please read the Student Ass		policy at: https://poli	cies.anu.edu.au	ı/ppl/document/AN	UP 004603		
Please tick one appropriate	box to explain how you r	neet the criteria:					
I am an International study where English is not the							
I am a Domestic student from a non-English speaking background and was born outside Australia, I arrived in Australia up to 10 years prior to the date of application; and I speak a language other than English at home.							
I was born in Australia bu and I speak a language of			sh is not the first	t language			
Have you previously submitt Application for Special Asse Arrangements for Students t Language Backgrounds othe English?	rom If YES please s	YES / NO If YES please specify details: (when and why)					
Have you undertaken langu	age YES / NO						
courses or other workshop support to improve your Eng language proficiency s commencing at ANU?		If YES please specify date:					
If you have answered NO to Please discuss with your Co							
How did you satisfy the English language requirement for admission e.g. TOEFL, IELTS, degree in English, waiver?							



Please explain the linguistic and
cultural factors that disadvantage
you in undertaking time dependent
assessment tasks conducted in
English. (not required for students
admitted under the Indigenous Al-
ternative Entry Scheme)

Please specify details:	
f necessary continue on a separate sheet	

4. Special Arrangements

Please list the courses for which you request special arrangements.

Note: Special assessment arrangements are **only** available in courses identified by the College Education Dean.

(e.g. POLS1002)	Course Na	ame		Required?*	(DD/MM/YY)		
				Yes / No			
				Yes / No			
				Yes / No			
				Yes / No			
				Yes / No			
				Yes / No			
				Yes / No			
* You may be asked to	provide mor	re details.					
5. Student Dec	claration						
I certify that the inform	ation suppli	ied by me on this form is complete and	true.				
Student's Signature:			Date:				
6. Office Use	Only			DE	0/MM/YYYY		
Comments:							
Approval Status:		APPROVED / NOT APPROVED					
Length Of Time Appro	ved:						
Associate Dean (Edu	ication)						
Name:	ioation)		Date:				
Signature::				DE)/MM/YYYY		

Examinations, Graduations and Prizes Division of Student Administration Melville Hall (Building 12) The Australian National University Canberra ACT 0200 Australia