

Application for Special Consideration

Important Notes:

An application for special consideration will not result in the amendment of a candidate's results but will be forwarded to the relevant institutions.

Where a group of candidates have been disadvantaged, for example by a fire alarm, a single form only need be submitted. A list of affected candidates should be firmly attached.

Please return this form within seven days of the test date to:

**Admissions Tests Team
Cambridge Assessment
1 Hills Road
Cambridge
CB1 2EU
U.K**

Fax: 01223 553042

Assessment Agency	Cambridge Assessment	Name of Test/Examination	
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Centre Name		Centre Number					
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Test Name	Section/Paper	Date of Exam

Candidate Name		Candidate Number					
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Please summarise the circumstances affecting the candidate's performance
(N.B. "See attached" will NOT suffice)

Current medical evidence is attached (where applicable)	Yes/No

Declaration: I am satisfied that the information provided is accurate and fully support the application.

Position at centre	
Name (Please print)	
Signature	
Date	

Where more than one candidate is affected please list the names and candidate numbers of all affected candidates below:

Candidate Name		Candidate Number						
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