

Special Consideration

Read the guidance notes at	the end of the fe	orm before	you fill it in.			
Centre number		Centre name				
Candidate number		Candidate				
Exam series						
Syllabus title		labus ode	Component code(s)	Date of exam	Did not sit component	Sat component but
Date circumstances started		Are the	ese continuin	g circumstar	ices? Yes	No
Enter details of the advers in the box below. (Do not a					m performanc	e or coursework
Have you attached curren	t medical/psycl	nological e	evidence?	Yes N	0	
Please list the two candidate order of merit within the tea		above and t	two immediate	ly below the o	andidate in qu	estion in the
Candidate number	Candidate name		Class order of merit		Forecast grade	
support this application	and am satisfie	d that the	information o	n this form is	s correct.	
Signed (Head of Centre)				Date (DD/MM/YY)		
Name						
f you submit this form elect	ronically please	tick the che	eck box as an a	alternative to	signing the forr	n.

Returning this form

Return this form to info@cie.org.uk. Please include your Centre number and Form 7 Special Consideration in the email subject line. Save a copy of the form for your own records.

Guidance notes

Background

Special consideration is a post-exam adjustment made to a candidate's mark, by an awarding body, to make allowances for any adverse circumstances, for example illness, bereavement or temporary injury.

Completing the form

- · Complete a separate form for each syllabus.
- · List all the components affected.
- You can submit one form in cases where a group of candidates has been disadvantaged by a particular event (for example, fire alarm). If you do, please submit a clearly titled list of the candidates' names and numbers along with this form.
- In cases where medical/psychological evidence is required, submit a clearly titled document with the application.

Deadline

Please submit the special consideration application within seven days of the last exam in the syllabus affected.

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