SPECIAL CONSIDERATIONS REQUEST FORM

This form must be submitted as soon as possible and no later than 3 working days after the examination.
Submission is made by emailing this form to exams@i-path.org

Section 1 - Centre / Teacher Details

Centre Name	
Centre ID (if applicable)	
Teacher / Course Leaders Name	
Email Address	
Telephone Number	

Section 2 - Learner Details

Learner Full Name	
Date of Birth	
Qualification / Subject	
Grade / Level	
Examination Date	
Exam Format	**Face to Face / Live Video Exam / Recorded Video Exam**
Examiner Name (if known)	

Section 3 - Nature of the Circumstances

Please describe the unforeseen circumstances that occurred at or near the time of the examination and how they may have affected the learner's performance.

Section 4 - Timing of the Circumstances

Please indicate when the issue occurred:

☐ Before the examination
☐ During the examination
☐ Immediately after the examination

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Section 5 - Evidence

Please indicate what supporting evidence is being provided:

☐ Medical evidence
☐ Statement from centre/teacher
☐ Statement from examiner
☐ Other (please specify):

Section 6 - Declaration (Centre / Teacher)

I confirm that:

- the circumstances described are genuine and accurate
- the circumstances were outside the learner's control
- this request has been discussed with the examiner where possible

Name	
Signature	
Date	

Section 7 - I-PATH Decision (Office Use Only)

☐ Special consideration approved
☐ No special consideration applied

Outcome / Rationale:

Decision Date:
Authorised by:

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