Application for Special Consideration for CIPFA Qualifications

Please complete this form and return it for the attention of: CIPFA Assessment Manager – studentsupport@cipfa.org

Complete all relevant sections:

Candidate number:

|  |  |  |
| --- | --- | --- |
|  |  | - CIP |
|  |

Candidate Name:

Examination date and title:

Coursework title and deadline:

Please summarise the adverse circumstances affecting assessment performance or coursework submission

Please tick the relevant box(es)

Medical documentation attached

Employer evidence attached

**Declaration**

*I declare that the information provided is true and complete to the best of my knowledge. I will undertake to comply with the rules of the Institute as set out in the CIPFA Assessment Regulations.*

Date:

Name:

Signature: