

K Application for special consideration

WCT/SC



World Class Tests



Application for special consideration

Test session
WCT centre no.
School/centre name
Student ID -
Student Name

Components for which application is made

Age	Subject	Component Code

Summarise adverse circumstances affecting examination performance or coursework. ("See attached" will NOT suffice.)

Current **medical/psychological evidence is attached.** YES/NO

In cases of partial absence list four candidates estimated to be of comparable standard.

ID Nos - - - -

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

Name: _____ Signature: _____ Date: _____
 (Head of centre/Exams Officer)

FOR OFFICE USE ONLY: