

# Application for Special Consideration

Please note, this form must be lodged with the ECMS Faculty Office as soon as possible, no later than the end of the first week of Semester.



FACULTY OF ENGINEERING, COMPUTER AND MATHEMATICAL SCIENCES

### ECMS FACULTY OFFICE

Enquires to:  
Innova 21 Building  
Level 1

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CRICOS Provider Number 00123M

STUDENT NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

### Reason: Pre-requisite Waiver

- Permission to enrol in a course without having passed the pre-requisite course(s)

Subject Area	Catalogue Number	Name of Course	Course Waived
e.g. COMP SCI	e.g. 2000	e.g. Computer Systems	e.g. Computer Methods IA

Justification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Reason: Multiple Attempts

- Permission to enrol in a course for third or more attempt

Subject Area	Catalogue Number	Name of Course
e.g. MATHS	e.g. 1012	e.g. Mathematics IB

Justification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Reason: Other (please fill in details of request)

Justification \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Office Use Only**

School Co-ordinator's Recommendation:                      Approved                      Not Approved

Comments: \_\_\_\_\_

Justification if not approved: \_\_\_\_\_

School Signature: \_\_\_\_\_

Date: \_\_\_\_\_