



APPLICATION FOR SPECIAL CONSIDERATION/S

Please circle

Business	IT
-----------------	-----------

Student ID No.

M	I	T							
----------	----------	----------	--	--	--	--	--	--	--

Please write in **BLOCK LETTERS**

First Name		Family Name	
Other Name		Course Code	
Email Address			

I REQUEST SPECIAL CONSIDERATION IN THESE SUBJECTS

Unit Code	Unit Title	Name of Tutor	Assessment Due Date	Type of Assessment

TYPE OF CONSIDERATION SOUGHT (please tick)

- | | | | |
|-----------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Grade Consideration | ☐ | 4. Extension of Assessment Due Date | ☐ |
| 2. Deferred Test | ☐ | 5. Deferred Final Examination | ☐ |
| 3. Supplementary Assessment | ☐ | 6. Other (please specify) | ☐ |

.....

GROUND(S) FOR YOUR APPLICATION

- Refer to "Information for Students in applying for Special Consideration or Deferral of an Examination"
- **Attach any relevant supporting documentation** (eg. Health Care Professional Certification in the case of a medical condition, or police report or statutory declaration etc)
- Indicate any specific requests in this section

- | | |
|--|--|
| ☐ Medical Reasons | ☐ Hardship/trauma |
| ☐ Loss or Bereavement | ☐ Other |

Please state the length of time (in days, weeks or months) your studies have been affected:

Additional Information (please provide information about how the event(s) have impacted on your studies and provide details of the specific request(s) you are making) Please note, if you are applying for Special Consideration on medical grounds, you do not need to provide specific details of a medical condition, but an appropriate Health Care Professional must complete and attach the Health Care Professional Certification:

PREVIOUS APPLICATIONS FOR SPECIAL CONSIDERATION

Unit Code & Title	Date of previous application	Grounds for the application		
		Medical	Personal	Other

STUDENT DECLARATION

I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information.
I certify that to the best of my knowledge, the information supplied on this form is true and correct.

Signature: Date:

Recommendation:

Recommended ☐

Not Recommended ☐

Reason(s)

Signature: _____

Date: _____

School: _____

Head of School or Delegate:

Approved ☐

Action:

1. Grade Consideration

2. Deferred Test

3. Supplementary Assessment

4. Extension of assessment due date

5. Deferred Final Examination

6. Other (please specify) _____

Not Approved ☐

Reason(s)

Signature: _____

Date: _____

This certification replaces a traditional medical certificate. Health Care Professionals are asked to read the attached guidelines prior to completing this certification.

Student to complete & sign to indicate consent for the Health Care Professional to provide this information to the University

Please write in BLOCK LETTERS		Student ID No.	M	I	T						
First Name		Family Name									
Other Names		Semester		Study Year							
Signature											

CERTIFICATION to be completed by Health Care Professional

1. The above named student consulted with me on these dates

2. In my professional opinion, this student has been disadvantaged by illness or hardship in respect of the following

	In a minor way	Moderately	Severely
Lectures	☐	☐	☐
Assignments	☐	☐	☐
Practical Sessions	☐	☐	☐
Private Study	☐	☐	☐
Examinations	☐	☐	☐

3. In my professional opinion, this student has been/is: (please circle)

Able to sit exam(s)?

Yes	No	N/A
-----	----	-----

Able to study adequately for an exam?

Yes	No	N/A
-----	----	-----

4. Please supply any relevant additional information relating to the ability of the student to prepare for or sit examinations and/or undertake other work for assessment other than examinations:

5. Are you related to the student? If yes, what is the nature of the relationship?

--

HEALTH CARE PROFESSIONAL DETAILS & DECLARATION

I certify that I have seen the above student and the information I have supplied is true and correct.

Signature: **Date:**

Name (BLOCK LETTERS):

Address:

..... **Postcode:** **Daytime Ph:**

Type of Health Care Professional:

STAMP

Guidelines to assist the Health Care Professional in completing this form

The accompanying form is to be completed by an appropriate health care professional who is familiar with your application for Special Consideration and is able to provide an evaluation of the severity of the circumstances that may have caused disadvantage or may have prevented you from attending an examination.

An appropriate professional would include:

- A medical practitioner
- Other health care professional (such as dentist, psychiatrist, psychologist, physiotherapist, chiropractor, or osteopath)
- Registered Counsellor (being a member of at least one of the Australian Psychological Society (APS), the Australian Association of Social Workers (AASW), the Australian Counsellors Association (ACA) or the Psychotherapy and Counselling Federation of Australia (PACFA))

The University does not need to know medical details of the condition that may have impacted on the student's academic performance but does need appropriate information for the University to make an informed decision about the severity of the condition.

This is a confidential document and the information will only be used in consideration of the application for Special Consideration or Deferral of Examination and will be stored to ensure privacy.

Health Care Professional Certifications which do not contain all of the required information will not be accepted.

Evaluating the severity of disadvantage

Examples of circumstances that may lead to severe, moderate or minor disadvantage to students may include the following:

Severe

- An acute illness or unforeseen event that prevents the student from sitting the exam or seriously hampers their preparation for examination or submitting assignments;
- A serious, ongoing medical condition, including a chronic severe medical condition, psychiatric illness, eating disorder or addiction;
- Death of a relative, friend or family member close to the examination period or assessment deadline;
- Ongoing life-threatening illness of a close family member or partner;

Moderate

- Political unrest in home country and concern for family;
- Financial crises outside the student's control (eg Asian currency crisis, family bankruptcy);
- Injury to part of the body that does not affect the student's ability to read, write, study or retain information but may cause pain and discomfort (eg knee injury, broken leg etc)
- Medical condition of a more serious nature that has affected the student's ability to work for longer than one week;
- Family member or partner with long-term medical condition requiring care or concern, but not life-threatening;

Minor

- Mild illness during the exam period or close to assignment submission dates;
- Death of a distant relative outside the immediate family within one month of the examination period or assessment deadline;
- Relationship breakup during semester but not close to examination period or assessment deadline;
- Family member or partner with a medical condition requiring some care but not life-threatening.

Capacity to sit an exam or study

If students have the physical capacity to sit an exam or study they should do so and then seek special consideration on their performance (which would generally rate as a moderate or minor disadvantage as evaluated by the Health Care Professional).

Unwilling to use University's Health Care Professional Certification

If the appropriate professional is unwilling to use the University's Health Care Professional Certification form, the University will accept a medical certificate (bearing the Provider/Licence Number and Official Stamp), stating in reasonable detail:

- the dates of any relevant consultations or attendances;
- if relevant, the nature of the complaint and the treatment; and
- a specific statement that in the health care professional's opinion (not the student's opinion) that, as a result of the complaint or treatment, the student is, or was, severely, moderately or in a minor way disadvantaged or unfit or unable to undertake the assessment or examination

Medical certificates which do not contain all this information will not be accepted.