Application for Special Consideration form

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<tr>
<th>Date Submitted:</th>
<th>Location/ Provider:</th>
<th>Teaching Period:</th>
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<tbody>
<tr>
<td>Student ID:</td>
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<td>Student Name:</td>
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<td>Address:</td>
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<tr>
<td>Course Code:</td>
<td>Course Name:</td>
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In accordance with Statute 5.3 The Schedule Part 1 sections 5 and 6, an application for special consideration may be made on any of the following grounds:

- that the student's work at any time during the academic year has to a substantial degree been hampered by illness or other cause;
- that the student has been prevented by serious or disabling illness or other significant cause from preparing or presenting for all or part of a component of assessment; or
- that the student was to a substantial degree adversely affected by illness or other cause during the performance of a component of assessment.

Supporting Documentation
Every application for special consideration must be in writing and supported by a medical certificate or other appropriate evidence, unless it has not been reasonably practical for a student to make application within the time specified below. Any medical certificate or other evidence must include sufficient specified detailed information to allow the application to be assessed. Please note, it is your responsibility to provide detailed information. If the information is insufficient your application is likely to be rejected.

Privacy/Confidentiality
All care will be taken to protect your confidentiality. This information will be stored in your student file. Only the determination of Special Consideration will be circulated to your teaching staff. Your Head of School will make a determination on the information you provide.

Deadline for lodging an application for Special Consideration
The Special Consideration Form must be completed by the student and submitted to the Head of School through the School's Administration Office or the Partner Provider's Administration (as applicable) before the due date for the assessment task, or no later than three days after the due date of submission of the assessment.

Late applications
An application made after the relevant date (see above) or not on an approved form, may be accepted by the Head of School only on being satisfied that it was not possible for the application to have been made on the prescribed form or at any earlier date. It should be anticipated that an application made after publication of results will not normally be accepted except for applications made pursuant to the 'Final Unit Rule'.

Approval
Your application will be considered on the basis of the grounds, upon which you have applied, and the supporting documentation. If the grounds are regarded as insufficient for special consideration your application is unlikely to be approved.
Unit(s) for which Special Consideration is being sought:

<table>
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<tr>
<th>Unit Code</th>
<th>Unit Title</th>
<th>Assessment (e.g. exam, assignment)</th>
<th>Date assessment due/held</th>
<th>Name of lecturer and contact details (or Academic Coordinator @ Partner institution)</th>
<th>Please indicate consideration sought:</th>
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<td>1. Grade consideration</td>
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<td>2. Deferred exam</td>
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<td>3. Supplementary assessment</td>
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<td>4. Extension of assessment due date</td>
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<td>5. Final Unit Rule – supp. Assessment</td>
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<td>6. Other (e.g. special exam requests)</td>
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Grounds for application (tick one box):  Medical □  Personal □  Other □

Explanation of Reasons for Application:

Please substantiate your claim – Attach evidence for example from a: registered medical practitioner; psychologist; minister of religion; student counsellor or other registered counsellor/health professional. (If no/inadequate supporting medical evidence is provided, your application will be unable to be assessed).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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 complete and correct.

Student’s signature: __________________________ Date: __________________________

If approved, Special Consideration will be given for all units specified. The Course Coordinator will notify the student of the outcome of the application. Course Coordinators are responsible for finalising the details for each unit. The student will be advised in writing of the arrangements for assessment in each unit.
Application for Special Consideration – 4 December 2006
Student to complete and hand in to School Administration Office/Partner Administration for Courses Coordinator Consideration
(to be completed by Provider – if applicable)

Provider Recommendation:

- Application submitted within 3 days of the due date? Yes [ ] No [ ]
- Assessment Task submitted or attended? Yes [ ] No [ ]

Comments:


Provider's Signature: __________________________ Date: __________________

(to be completed by School)

☑ Approved

Action recommended:

☐ Grade consideration
☐ Deferred exam
☐ Supplementary assessment
☐ Extension of assessment due date
☐ Final Unit Rule – supplementary assessment
☐ Other

☐ Not Approved

Comments:


Courses Coordinator: __________________________ Date: __________________
Nominee of Head of School

Special Consideration Form-Dec06.doc
Approved at Executive Committee 4 December 2006