

# SPECIAL CONSIDERATION

## 1. Student Details

Title	Student Number
<input type="text"/>	<input type="text"/>
First Name	
<input type="text"/>	
Surname or Family Name	
<input type="text"/>	
Program Name	
<input type="text"/>	
Major / Specialisation (if applicable)	
<input type="text"/>	

## 2. Assessment Details

Module Name / Code
<input type="text"/>
Assessment Name / Code
<input type="text"/>
Lecturer
<input type="text"/>
Tutor
<input type="text"/>
Tutorial Group (please circle)
n/a    1    2    3    4    5    6    7    8
Assessment Due Date
<input type="text"/> / <input type="text"/> / <input type="text"/>

## Student Services Use Only

Received by
<input type="text"/>
Student Services Staff's signature
<input type="text"/>
Date
<input type="text"/> / <input type="text"/> / <input type="text"/>

## CONDITIONS

Students may apply for special consideration on the grounds of illness, accident, disability, bereavement or other compassionate circumstances if:

- Their performance in an assessment item was seriously affected; or
- They were seriously disadvantaged when the assessment item was attempted.

Requests for special consideration must be made in writing and accompanied by appropriate documentary evidence. Requests for special consideration in respect of an examination must be lodged with the Module/Department Coordinator or the Academic Coordinator or the Campus Manager no later than three working days after the date of the examination. Requests for special consideration of an assignment must be lodged before or with the submission of the assignment.

Students applying for special consideration on medical grounds must submit a medical certificate from a registered medical or dental practitioner stating:

- (1) the date on which the practitioner examined the student;
- (2) the severity and duration of the complaint;
- (3) the practitioner's opinion of the effect of the complaint on the student's ability to undertake the assessment item.

A statement that the student was "not fit for duty" or was suffering from "a medical condition" will not be accepted unless the information required in (1), (2) and (3) above is included.

## 3. Are You Requesting

- Extension of Time
- Resubmission
- Alternative Assessments

## 4. Reason for Application

## 5. Student Declaration

I have read and understood the conditions outlined. According to these guidelines I am eligible to apply for Special Consideration. I have attached supporting documentary evidence to this application form.

Student's signature

Date

 /  / 

## STUDENT RECEIPT - APPLICATION FOR CONSIDERATION

Student Number
<input type="text"/>
First Name
<input type="text"/>
Surname or Family Name
<input type="text"/>

Assessment Title (must be the same as above)

Student Services Staff Name



## SPECIAL CONSIDERATION

### Module / Course Coordinator Use Only

Full name

Date received

 /  / 

### Recommendation

I have considered this application and I recommend that that application be:

- Rejected because of late application
- Rejected because of insufficient case
- Accepted with extension to due date  /  /
- Discussion with the Student Services Advisor for assistance with personal issues affecting course progress
- Accepted but no change of mark for an assessment item or grade for a course has resulted (no action taken)
- Accepted with a change of mark for this assessment item
- Other
- Replacement examination/assessment item to be issued with new due date
- Withdrawal from course with no penalty recommended on compassionate grounds

### Student Notification

I have notified the student via Navigate email and they are aware of the outcome of this application

Course Coordinator's signature

Date

 /  / 

Academic Coordinator / Campus Manager's signature

Date

 /  /