



# Application for SPECIAL CONSIDERATION IN ASSESSMENT

(Which includes Special Examination)

**INSTRUCTIONS:** Please read carefully before completing this application

1. The eligibility and procedure for special consideration is detailed in Student Assessment and Appeals Policy and Procedure, located on the University website: <http://www.swinburne.edu.au/corporate/registrar/ppd/docs/AssessmentandAppealsTAFE.pdf>
2. This application **must be lodged** with the relevant Teaching Department no later than 5pm on the third working day after the submission date for a piece of assessment/exam for which Special Consideration is claimed.
3. To be eligible for Special consideration (which includes Special Examination) a student must meet one of the following criteria below:
  - 3.1 At any time, a student's study during the academic year has to a significant degree been hampered by illness or other extraordinary cause; or
  - 3.2 A student has been prevented by illness or other extraordinary cause from preparing or presenting for all or part of a component of assessment such as assignments and examinations; or
  - 3.3 A student has been, to a significant degree, adversely affected by illness or other extraordinary cause during the performance of a component of assessment; and
  - 3.4 A student has met all other mandatory criteria necessary for successful completion of the subject (e.g. submitting all other mandatory assignments, etc).

The application will be considered on the basis of the evidence presented to support the case, provided that:

- The completed and signed application form is lodged no later than 5.00pm of the due date of the assessment; and
- The circumstances (illness or extraordinary cause) were reasonably beyond the student's control; and
- The circumstances (illness or extraordinary cause) significantly hampered the student's performance; and
- The appropriate supporting documentation is attached to the application and Section E has been signed and stamped by a Medical practitioner and/or Counsellor.

**OTHER RELEVANT INFORMATION**

If the student is unable to submit the form by the deadline, they must ensure that their teaching department Administration officer be so advised (by telephone, fax, email or in person)

An application made after the relevant date, or not on the approved form, may be lodged with the teaching department for evaluation by the Course coordinator/Teacher. In circumstances where the Course coordinator/Teacher is satisfied that it was not possible for the application to have been made on the prescribed form or on an earlier date, the application will be evaluated. It should be anticipated, however, that **late application will not normally be accepted.**

**The Department will advise student of the outcome of this application within five (5) days of receipt of the application**

SECTION A		Personal Details	
STUDENT ID			
FAMILY NAME			
GIVEN NAMES			
ADDRESS			
SUBURB		Postcode:	
PHONE	Mobile:		
EMAIL ADDRESS			

SECTION B		Course Enrolled in	
Course Code	Course Title	Course Start Date	Full- or Part-Time

**SECTION C** Unit/s in which Special Consideration is sought

Unit of Study Code	Unit Title	Exam or Course work	Class Code & Semester	Due date

Please state reason for application. Documentary evidence must be supplied

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**SECTION D** Student Declaration

I hereby apply for Special Consideration for the stated units of study. I declare that the information I have provided in this application and on the attached documentation is true and correct in every detail. Where a medical certificate and/or supporting statement is attached, I Authorise Swinburne University of Technology to seek information directly from the originating source. I have read and understand the guidelines printed on this form.

STUDENT Signature:	DATE:
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**SECTION E** Medical Practitioner or Counsellor Advice (Issued in Confidence)

*Examination affected by medical condition/other condition*  
 In my opinion the student was disadvantaged at all or some examinations (please tick appropriate box and specify period)

totally, unable to sit exam(s) – specify period \_\_\_\_\_

severely, unable to sit – specify period \_\_\_\_\_

moderately, but able to sit – specify period \_\_\_\_\_

slightly, but able to sit – specify period \_\_\_\_\_

*Other assessment and/or examination preparation affected by medical condition/other condition (please tick appropriate box and specify period)*

severely \_\_\_\_\_  moderately \_\_\_\_\_  slightly \_\_\_\_\_

*Ongoing disadvantage caused by medical condition/other condition*  
 In my opinion the student's condition will continue to cause disadvantage (If this item is completed the student will be informed of Disability Services)

For the predicted period ending \_\_\_\_\_  ongoing \_\_\_\_\_

**SECTION F** Medical Practitioner or Counsellor Declaration

Specify period of Special Consideration due to Medical Condition	From	To
Medical Practitioners name:	Telephone:	
Counsellors Name:	Telephone:	
Medical Practitioners Signature and Stamp:		

