



**DO NOT USE THIS FORM TO APPLY FOR AN EXTENSION OF TIME FOR ASSIGNMENTS.**  
Please contact the Subject Convener directly to request an extension of time.

GIVEN NAME:

SURNAME:

STUDENT ID:

## INSTRUCTIONS FOR SPECIAL CONSIDERATION

Special Consideration acknowledges the general principle that a student's performance in assessments may be adversely affected by illness, or other extraordinary cause reasonably beyond their control. It provides a mechanism for a student, where they believe such circumstances apply, to reduce their impact upon their studies through application in writing for special consideration in the assessment of the performance. To be eligible for Special Consideration (which includes Special Examination) a student must meet one of the following criteria below:

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
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. 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
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 5.00 pm 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 F has been signed and stamped by a Medical Practitioner and/or Counsellor.

## LIMITATION TO APPLICATION

A medical condition or other extraordinary cause of less than four (4) consecutive days immediately prior to or inclusive of the assessment due date will not normally be considered sufficient grounds for Special Consideration, except where the period includes the date of any scheduled test or examination.

A student whose medical condition is not such as to prevent them from attending or sitting an examination/test are expected to attend the examination/test. A student whose medical condition has adversely affected their performance during an examination/test should lodge an Application for Special Consideration in Assessment (which includes Special Examination).

Employment commitments (i.e. working overtime) will not normally be considered as sufficient grounds for application for special consideration. Being absent overseas and/or interstate as part of an employee's responsibilities, during scheduled tests/examinations would be considered on a case by case basis provided that appropriate documentation accompanies the application.

It is the responsibility of the student to notify the Department Administrative Officer or nominee of the awarding Department as soon as possible where they are unable to attend a test or examination. Where a student fails to give such notification there will be no grounds for appeal unless the failure to notify is reasonably beyond the student's control.

Applications for Special Consideration must be accompanied by appropriate documentation from a recognised authority (e.g. Police report, letter from a Counsellor, etc.). Applications based on illness must be completed on this form and require a completed signed stamped and dated medical authority. Where counseling advice has been sought, Counsellors are also required to complete this form. The University may contact the medical or other authority to confirm any attendance details noted on the documentation (e.g. date and time of visit to the medical practitioner).

## LATE APPLICATIONS

If the student is unable to submit the form by the deadline, they must ensure that their Department Administrative Officer via the awarding Department Administration Office is so advised (by telephone, fax, email or in person).



SWINBURNE  
UNIVERSITY OF  
TECHNOLOGY  
TAFE

Swinburne University of Technology TAFE Division

## Application for Special Consideration in Assessment (which includes Special Examination)



An application made after the relevant date, or not on the approved form, may be lodged with the Department Administrative Officer of the Awarding Department via the awarding Department Administration Office for evaluation by the Program / Course Coordinator. In circumstances where the Program / Course Coordinator 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 applications will not normally be accepted.**

### PRIVACY

Swinburne University of Technology collects, uses and destroys your information in accordance with our Privacy Policy, which can be found at [http://www.swin.edu.au/corporate/hr/privstml\\_final.htm](http://www.swin.edu.au/corporate/hr/privstml_final.htm)

Student must complete Sections A to E

**A PERSONAL DETAILS**

Student ID Number:	Course Name:	Course Code:	Campus:
Title (please circle) Mr Ms Mrs Dr Other	Family Name:	Other Names:	
Address:	Suburb:	Postcode:	
Email Address:	Phone:	Mobile Phone No:	

**B SPECIAL CONSIDERATION IS REQUESTED FOR THE FOLLOWING**

Subject Code	Subject Name	Semester/ Year Eg 1/2003	Assessment item eg exam/project/ assignment etc	Due date / Exam date	Period during which your studies will be/ were affected (Start Date to End Date)	If date of assessment/ exam has passed. Did you submit/sit assessment/exam?	If date of assessment/ exam has not passed, do you intend to submit/sit assessment/exam?	Have you contacted the Department Administrative Officer? (Y/N)

**C DOCUMENTATION ATTACHED:**

Statutory Declaration:  Other Relevant Documentation:

**D PLEASE OUTLINE THE REASON FOR YOUR APPLICATION AND HOW THIS HAS IMPACTED ON YOUR STUDY. DOCUMENTARY EVIDENCE MUST BE SUPPLIED.**


**E STUDENT DECLARATION**

I hereby apply for special consideration for the stated subjects. 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 confirmation of information directly from the originating source. I have read and understand the guidelines printed on this form.

STUDENT SIGNATURE:

DATE:

**F MEDICAL CERTIFICATE AND OR COUNSELLING ADVICE – ISSUED ‘IN CONFIDENCE’**

If a student is making an application for special consideration on medical grounds, a medical practitioner **must** complete this section in detail. *A separate medical certificate that is not part of this form is insufficient. If a student has sought counselling, the Counsellor must complete this section in detail.*

Date(s) of Consultation:	Medical Practitioner Name:	Telephone:
	Counsellor’s Name:	Telephone:

Please complete appropriate entries below. More than one entry may be needed

**Examination affected by Medical Condition/Other Condition**

In my opinion the student was disadvantaged at all or some examinations (please tick appropriate box)

- 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**

- severely - specify period .....
- moderately - specify period .....
- slightly - specify period .....

**Ongoing disadvantage caused by Medical Condition/Other Condition**

In my opinion the student’s medical condition will continue to cause disadvantage

- for the predicted period ending .....
- ongoing .....

If this item is completed the student will be informed of Disability Services

Medical Practitioner’s Signature and Stamp:	Counsellor’s Signature and Stamp:
.....	.....

RETURN THIS FORM TO YOUR DEPARTMENT ADMINISTRATION OFFICE FOR PROCESSING  
FOR FURTHER INFORMATION ABOUT SPECIAL CONSIDERATION REFER TO SECTION 9, ASSESSMENT AND APPEALS TAFE POLICY & PROCEDURE  
LOCATED AT: <http://ppd.swin.edu.au/stuinf/AssessmentAndAppealsTAFE.htm>

**THIS SECTION IS TO BE COMPLETED BY SUBJECT CONVENER (Please complete the Outcome and Signature Details, then return to Department Administration Office for processing)**

Subject Code	Assessment Item, eg Exam	Date Due	Suggested Outcome (Key Below)	Convener's Name (Please Print)	Convener's Signature	Date

A reason must be provided for Suggested Outcome: .....

.....

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A reason must be provided for Suggested Outcome: .....

.....

**SPECIAL CONSIDERATION OUTCOMES (Please record the appropriate number in the Outcome box above)**

1. Not Granted (reason must be given)	3. Granted – eligible for special examination	5. Other – refer student to Disability Services
2. Granted – will be reflected in marking process	4. Granted – eligible for alternative assessment	6. Other – take no action

**APPROVAL BY PROGRAM/COURSE COORDINATOR OR NOMINEE**

Approved                       Not Approved

Program/Course Coordinator or Nominee Name (Please print)	Department Manager or Nominee Signature	Date

**OFFICE USE ONLY**

Date Received by Department Administration Office:		
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