



Application for SPECIAL CONSIDERATION IN ASSESSMENT

(Which includes Special Examination)

INSTRUCTIONS: Please read carefully before completing this application. **Make sure you fill in all required details, or the application cannot be assessed.**

- The eligibility 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>
- This application can be lodged by **either** of the below options:
 - in HARD COPY with Student HQ, in SPW or AMDC Building 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.**
 - Alternatively, by email to fp-progressions@swin.edu.au 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.**
- To be eligible for Special Consideration (which includes Special Examination) a student must meet one of the following criteria below:
 - At any time, a student's study during the academic year has to a severe degree been hampered by illness or other extraordinary cause; or
 - 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
 - A student has been, to a severe degree, adversely affected by illness or other extraordinary cause during the performance of a component of assessment; and
 - 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 on the third working day after the due date of the assessment; and
- The circumstances (illness or extraordinary cause) were beyond the student's control; and
- The circumstances (illness or extraordinary cause) severely 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.

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

SECTION A Student Personal Details – All Fields Required to be completed	
STUDENTID	
FAMILYNAME	
GIVENNAMES	
ADRESS	
SUBURB	Postcode: <input type="text"/>
PHONE	Mobile: <input type="text"/>
EMAILADDRESS	

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

SECTION C Student Unit/s in which Special Consideration is sought – All Fields required to be completed				
Unit of Study Code	Unit Title	Exam or Coursework	Class Code & Semester	Due date

Please state reason for application. Documentary evidence must be supplied

NOTE: If your reason for requesting a deferred test or exam is due to a medical condition, please go to the next page – SECTION E, and have your medical practitioner or counsellor complete this section. If all required fields are not completed, this application will not be accepted.

SECTION D Student Declaration – All Fields Required to be completed	
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:



SECTION E : MEDICAL IMPACT STATEMENT (To be completed by Professional Practitioner)

Information for practitioner: The purpose of Special Consideration is to give a student, whose work for a particular piece of assessment has been adversely affected by an extraordinary event beyond their control, a further opportunity to demonstrate their ability. Special Consideration is intended for acute illness / condition or an extraordinary circumstance.

AMA members please note: When providing certification on an illness that occurred prior to the date of the consultation, please apply AMA Guidelines.

On (date/s of consultation) _____

I, a registered medical/health practitioner examined _____
(Practitioner Name in BLOCK LETTERS) (Student Name in BLOCK LETTERS)

I have determined that he/she is suffering from: _____

OR The student states that he/she is suffering from: _____

The condition is (please tick one) days weeks months ongoing

IMPACT ASSESSMENT

Impact	From	To
<input type="checkbox"/> Total incapacitation The impact of the condition is extremely serious and the student is affected to the extent that to sit an examination, or to complete an assessment, is not possible. (e.g. bedridden, hospitalized, broken dominant hand)		
<input type="checkbox"/> Severe impact The impact of the condition is serious in nature and the student is severely affected. The student cannot complete the assessment/s OR the level of performance in an examination will be severely affected. (e.g. wisdom teeth extraction, glandular fever or severe migraine)		
<input type="checkbox"/> Moderate impact The impact of the condition is not severe and the student's ability to complete the assessment is moderately affected. (e.g. a virus which has caused some discomfort but has not had a severe impact on the student's ability to sit an examination, or to complete an assessment.)		
<input type="checkbox"/> Minor impact (able to be alleviated with non prescription medications) The impact of the condition is not serious and has not had a significant impact on the student's ability to complete assessment/s. (e.g. cold, headache or period pain with no other associated conditions, where over-the-counter medication will resolve the pain with no serious impact on the student's ability to sit an examination, or to complete an assessment.)		
<input type="checkbox"/> No impact The condition does not have an impact on the student's ability to complete the assessment/s. (e.g. normal range of anxiety about sitting an examination)		
<input type="checkbox"/> Unable to assess The impact of the condition is not able to be determined. (e.g. the condition cannot be diagnosed; there is no visible / prevalent condition, the patient reports on previous symptoms that are not evident at present)		

Other Comments

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Please complete all details below with signature and stamp:		Professional Practitioner's stamp
Medical/health practitioner's registration no.		
Address of practice		
Telephone no.		
Signature of Professional Practitioner		
Date		