

Application for Special Consideration in Assessment

Return this form to your Faculty/School/Campus Office for processing.

Special Consideration is only given in serious and exceptional circumstances that are beyond the student's control and these circumstances prevent the student from performing at their best for a particular piece of assessment.



No later than **3 University working days** after the due date of the assessment item or the date of the examination

DO NOT USE THIS FORM TO APPLY FOR AN EXTENSION OF TIME FOR ASSIGNMENTS

This section to be completed by Student

Student ID Family Name..... Other Names.....

Address Postcode.....

Telephone DEAKIN EMAIL ONLY COURSE CODE: CAMPUS OF COURSE ENROLMENT

1. SPECIAL CONSIDERATION IS REQUESTED FOR THE FOLLOWING:

Unit Code	Unit Name	Have you consulted your Unit Chair?	Campus of Unit Enrolment	On or Off Campus Unit	Unit Semester & Year eg. 1/2005	Assessment Item eg: exam, assignment 2	Due Date/ Exam Date	Were you / will you be able to sit your scheduled exam/s?
		YES / NO						YES / NO
		YES / NO						YES / NO
		YES / NO						YES / NO
		YES / NO						YES / NO
		YES / NO						YES / NO

The reasons for application must be classified under one of the following categories:

- **Medical** – e.g. hospitalisation, serious injury or chronic illness. *Note: Temporary minor ailments such as headaches, colds and minor gastric upsets are not serious medical conditions and are unlikely to be accepted.* In all cases on medical grounds, a medical certificate clearly stating the severity of the medical condition and its effect on your ability to attend/complete examination, must accompany the application.
- **Compassionate** – e.g. death of close family member, family breakdown.
- **Hardship/Trauma** – e.g. sudden loss or gain of employment, severe disruption to domestic arrangements, victim of crime. *Note: misreading the timetable, exam anxiety or returning home will not be accepted as grounds for consideration.*

2. REASONS FOR CURRENT APPLICATION (tick the appropriate category for grounds of your application) Medical Compassionate Hardship/Trauma

3. STATE PERIOD DURING WHICH YOUR STUDIES WILL BE/WERE AFFECTED: (Documentation must cover same period affected) From ___ / ___ / ___ To ___ / ___ / ___

A STATUTORY DECLARATION MAY ACCOMPANY YOUR APPLICATION BUT IS NOT SUFFICIENT IN ITSELF

You are asked to provide **evidence** to support the reasons for your application; therefore, all applications for special consideration must be accompanied by appropriate documentation from a recognised authority. Applications on Medical grounds should be presented on the Deakin University Medical Certificate.

APPLICATIONS WITHOUT SUPPORTING DOCUMENTATION WILL NOT BE CONSIDERED

4. DOCUMENTATION ATTACHED: Medical Certificate Other Relevant Documents Statutory Declaration

5. DO YOU HAVE CURRENT DISABILITY RESOURCE CENTRE CONSIDERATION: YES NO

6. LIST ALL PREVIOUS APPLICATIONS FOR SPECIAL CONSIDERATION (Attach if insufficient space)

Unit Code	Year	Semester

Unit Code	Year	Semester

Current applications will only be accepted:

- No later than **3 University working days** after the due date of the assessment item or the date of the examination
- When **original** supporting documents attached, plus one copy for each unit applied for has been provided
- When all details have been completed

Have you answered all questions on this form? YES NO

Have you attached supporting documentation? YES NO

7. STUDENT DECLARATION

*I hereby apply for Special Consideration for the stated units. 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 Deakin University to seek further information directly from the originating source. **I have read the guidelines within this form and I understand that granting of Special Consideration does not automatically lead to a passing grade for the unit.***

STUDENT ID STUDENT NAME STUDENT SIGNATURE DATE

This section to be completed by Unit Chair/Lecturer Date Received: / /

1. Please complete all the required Outcome details in the boxes below (Note: please list each Assessment Item on a separate line).
2. Please complete the signature details, then
3. Forward this form to the Secretary of School/Campus/Faculty APC committee for signature.

Please note that DSA cannot advise students of anything further than the outcome.

Unit Code	Assessment Item eg. exam, assignment 3	Due Date	Outcome Granted (if outcome 1 please provide reason)

SPECIAL CONSIDERATION OUTCOMES

1. Not Granted.
2. Granted – will be reflected in marking process where assessment has been submitted.
3. Granted – eligible for Special examination.
4. Granted – contact Unit Chair/Coordinator for details necessary for completion.
5. Not finalised – Contact Unit Chair/Coordinator for further information.

UNIT Chair/Coordinator

Name (please print) _____

Signature _____ Date _____

Please forward to the Secretary of APC when completed

APC CHAIR

Name (please print) _____

Signature _____ Date _____

Please return to the School/Campus Office when completed

FACULTY USE ONLY	Recorded by:	Date:	DSA Notification Date:
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