



## Guidelines for the Completion of an Application for Special Consideration

The University's assessment practices are designed to ensure that conditions are fair to all students, as consistent as possible and that individual students are not disadvantaged by adverse personal circumstances beyond their control or by the activities of other students.

Generally, serious illness or misadventure will be taken into account when considering a student's academic performance in a course or Units of Study. There is, however, a clear distinction between longstanding illness or difficulties which prevent students from attending classes or completing required work or which seriously interfere with their capacity to study for long periods, and short-term serious illness or misadventure that may prevent a well-prepared student from sitting for an examination or completing a particular assignment.

The information you supply on this application is needed by the University so that it can assess your application for Special Consideration. This document, and any associated records, will be retained by the Faculty of Science, where the records will only be available to staff who need access in order to carry out their duties. All records will be destroyed in a secure manner one year after the completion of the Unit of Study for which consideration was sought. Any request to access and/or correct the information should be addressed to the Projects and Services Officer at the Faculty of Science office.

**Please note that applications must be received within seven (7) calendar days from the end of the period for which consideration is sought (ie from the assignment due date or date of examination).**

### **To apply for Special Consideration:**

The student must:

1. Obtain and complete a Special Consideration Application pack from the Faculty Administration Office or from the Faculty website.
2. Complete the Special Consideration form and other forms included in this pack
  - For consideration due to serious illness, the student must have a registered medical practitioner or counsellor complete the Professional Practitioners Certificate
  - For consideration due to misadventure, the student must attach the appropriate documentation (police reports, counselling service statements etc)
3. Lodge the original paperwork with the relevant Faculty for the unit of study, with one copy for each piece of assessment for which consideration is being sought, all of which will be stamped by Faculty staff.
  - If students desire a copy of their application, they must provide an additional copy which will be stamped at the Faculty Office.
4. Students will be notified of the academic judgement concerning their application for Special Consideration via an e-mail to their University e-mail account.

### **Extract from the Academic Board Resolutions: Assessment and Examination of Coursework**

#### **Part 5 – Special Consideration Due to Serious Illness and Misadventure.**

##### **7. Documentation**

- (1) **Professional Practitioner Certificate** is supplied with the special consideration form and should be completed by a registered medical practitioner, or counsellor for a student whose work during a teaching period or whose performance in an assessment task, including examinations, has been affected by illness or misadventure. Certificates signed by family members are not acceptable.

The Professional Practitioner Certificate includes;

- (a) dates of consultation;
- (b) an evaluation by the practitioner, psychologist etc. as to the severity, duration and effect on the student's ability to attend classes, learn or complete assessment requirements;
- (c) a description of the nature and seriousness of the student's problems, within the limits of confidentiality, so that an academic assessment can be made of the possible effects of the illness or accident on the student's performance;
- (d) any other relevant information relating to the student's illness, trauma etc.;
- (e) any other documentation that may be relevant; and
- (f) the practitioner authorises the University to contact them to confirm the authenticity of the certificate.



Application for SPECIAL CONSIDERATION due to serious illness or misadventure

This form should be submitted to the relevant faculty office as soon as practicable and certainly within 7 calendar days from the end of the period for which consideration is sought.

SID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Period for which special consideration is sought:

[ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] to [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]
day month year day month year

Surname: \_\_\_\_\_ Other names: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile/Telephone: \_\_\_\_\_ Uni E-mail: \_\_\_\_\_

Degree: \_\_\_\_\_ Year:(1,2,3,4) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Indicate work for which special consideration is requested, including relevant due dates.

Table with 3 columns: Units of Study, Exam, Essay, Practical, Tutorial, Other, Due date

If you are seeking Special Consideration for a Final Exam, did you sit the final exam(s)? Yes / No

Please state briefly the reason for your application in your own words:

Three horizontal lines for text input

Student's Consent

I understand that my Application for Special Consideration requires supporting documentation from a registered professional authority about my illness or misadventure. I am aware that the registered professional may be contacted to verify my application.

I acknowledge that disciplinary action may be taken if I supply false or misleading information. I certify that I have read and understood the 'Guidelines for Application for Special Consideration'.

Signed: \_\_\_\_\_ (Student)

Date: \_\_\_/\_\_\_/\_\_\_

Faculty office use only:

Date Stamp:
Signed: \_\_\_\_\_



## Professional Practitioners Certificate

To be completed by a registered medical practitioner or counsellor for student whose work during a teaching period or whose academic performance in an assessment item or items, including examinations, has been affected by serious illness or misadventure.

Special Consideration applications must be supported by documentary evidence from an appropriate professional authority (a registered medical practitioner, or counsellor). Certificates signed by family members are not acceptable. Your help providing information about the student's illness or misadventure is appreciated. This information will help the University make a fair and informed assessment about the student's academic performance. The information you provide on this form will be used solely to assess this application.

### PROFESSIONAL PRACTITIONER CERTIFICATE

SID: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

Date/s of consultation: \_\_\_\_\_

Please indicate your evaluation of the severity, duration and effect on the student's ability to attend classes, learn, retain and/or complete assessment requirements:

#### Specify period/duration

Severity (please tick appropriate boxes)	√	from	to
Totally unable to study			
Very severely affected			
Severely affected			
Moderately affected			
Slightly affected			
Unable to assess			

**Plain English description of: nature of illness, symptoms, restrictions on capacity or functionality in their studies and other relevant information (attach additional report or documentation if necessary, bearing in mind privacy requirements)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER (please specify and attach documentation/evidence)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Provider Number: \_\_\_\_\_ Stamp: \_\_\_\_\_

**I authorise the University to contact me or my office to confirm authenticity of this document.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Application Number

## Academic Judgement regarding application for Special Consideration due to serious illness or misadventure

**Section One:** Students must complete this section of the form. Students must complete one form for each piece of assessment (where Special Consideration is sought).

SID:

Name of Student: \_\_\_\_\_

### Assessment for which Special Consideration is sought:

Unit of Study	Assessment	Due Date
		/ /
		/ /

**For Faculty/School Use Only**

**Section Two:** This section must be completed by two or more academic staff members within the relevant faculty who act as assessors of the Special Consideration application. One of the two assessors must be the head of department (or delegate) responsible for the Unit of Study for which Special Consideration is sought.

### Academic Judgement:

- |  |  |
|--|--|
| <input type="checkbox"/> Alternative assessment approved*<br><input type="checkbox"/> Application declined<br><input type="checkbox"/> Assessment marks to be averaged<br><input type="checkbox"/> Decision deferred until Sem. results available<br><input type="checkbox"/> Extension approved*<br><input type="checkbox"/> Further examination approved*<br><input type="checkbox"/> Late submission penalty waived | <input type="checkbox"/> Mark to be adjusted (if appropriate)<br><input type="checkbox"/> No action required<br><input type="checkbox"/> Permission granted to make-up assessment<br><input type="checkbox"/> Resubmission of assignment approved<br><input type="checkbox"/> Retest approved<br><input type="checkbox"/> Weighting of assessment items changed<br><input type="checkbox"/> Exemption approved |
|--|--|

\* New Date for re-submission/extension/supplementary/other: \_\_\_\_\_

### Additional Information / Reason for Judgement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_  
(First Assessor)

Signed: \_\_\_\_\_  
(Second Assessor)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Received:

**For Faculty/School Use Only**

Date Student notified of Academic Judgement: \_\_\_\_/\_\_\_\_/\_\_\_\_