

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

REMEMBER: FILL BEFORE PRINTING



Who should use this form?

This form is to be used by current students to apply for Special Consideration for assessment. If a student has an ongoing illness Disability Support Services may be able to offer further support. Note: this is an application only - approval of Special Consideration is not automatic.

DO NOT USE THIS FORM TO APPLY FOR AN EXTENSION OF TIME FOR ASSIGNMENTS. CONTACT YOUR UNIT CONVENOR DIRECTLY TO REQUEST AN EXTENSION.

What is Special Consideration?

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 not intended to cover pre-existing conditions.

Each application is treated confidentially, and access to the information in applications is limited to designated University staff.

Eligibility:

1. Students must demonstrate that their studies have been adversely affected by acute illness, or other extraordinary cause or circumstance reasonably beyond their control. This situation must be unexpected, uncommon or abnormal to the student's day-to-day life and activities.
2. Students must have met all other mandatory requirements necessary for successful completion of the unit (eg submitting all other assignments).

Acute illness or extraordinary causes include:

- **acute illness** – eg hospital admission, serious injury, severe asthma, severe anxiety or depression. Does not include minor symptoms associated with colds, diarrhoea, headaches, hay fever – for which off the shelf pharmaceuticals are available.
- **loss or bereavement** – eg death of close family member, significant family/relationship issues.
- **hardship/trauma** – eg victim of crime or sudden loss of income or employment.

It is the responsibility of students to ensure that they are available to sit a Special Examination if it is granted during the published special examination period. If granted a Special Examination, students will not normally be granted further special consideration on this assessment.

Students applying for special consideration must read Section 8 (Special Consideration) of the University's Assessment and Appeals Policy which available in the website.

Privacy

Swinburne University of Technology reviews the information in your application, uses and destroys your information in accordance with the University's Policies.

Access to sensitive confidential information in these applications is limited to designated university personnel.

What supporting documentation is required?

All applications must be accompanied by appropriate and substantial documentation and/or evidence from a registered practitioner, such as a registered medical practitioner or registered psychologist (**SWINBURNE'S REGISTERED PANEL DOCTOR ONLY**), social worker or lawyer registered in Malaysia with a recognised body. For non medical grounds, other acceptable documents may include a death notice or certificate, a police report or statutory declaration. In the case of statutory declaration further supporting documentation may be requested.

Students applying on medical/psychological grounds, must ensure that the registered Practitioner's Statement on this form has been completed before submitting their application. The Professional Practitioner's Section must be completed, signed and stamped. The University may contact the authority to confirm attendance details (ie date and time of visit).

How to lodge an application?

This completed and signed application form, together with appropriate documentary evidence is to be lodged with SIC no later than 5.00pm on the third working day after the examination/test/presentation or due date for the submission of an assessment. Where it is totally beyond the student's control to do so, in which case the application should be lodged as soon as possible.

What happens next?

Your application will be considered by your Faculty. Final approval is granted by the Head of the Awarding Faculty, or nominee. You will then receive notification of the outcome of your application in writing, to your Swinburne student email account.

Please note, the purpose of the Special Consideration Policy is to give a student who has been adversely affected by exceptional circumstances beyond their control, a further opportunity to demonstrate their ability. Applications that are submitted prior to examinations would not normally be considered.

Student acknowledgement

I have read and understood the requirements for special consideration and believe that my application has grounds.

Signature	
-----------	--

OFFICE USE

Date Received	
---------------	--

STUDENT MUST COMPLETE SECTIONS A TO F and Section G OR Section H

A. PERSONAL DETAILS

Student ID		Date of Birth		Mobile	
Title		Family Name		Given names	
Are you an international or domestic student? <input type="checkbox"/> International <input type="checkbox"/> Domestic					

B. PROGRAM DETAILS

Program Code		Program Title	
--------------	--	---------------	--

C. SPECIAL CONSIDERATION: EXAMINATIONS OR TESTS ONLY

1. Unit Title			
Unit of Study Code		Did you sit the exam / test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of exam/test		Do you intend to sit the exam / test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Period affected	Period affected (Dates specified in Professional Practitioner's Statement in Section I)		
Start Date:	End Date:	Start Date:	End Date:
Convenor's Name:		Was Convenor contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, give reason:	

2. Unit Title			
Unit of Study Code		Did you sit the exam / test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of exam/test		Do you intend to sit the exam / test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Period affected	Period affected (Dates specified in Professional Practitioner's Statement in Section I)		
Start Date:	End Date:	Start Date:	End Date:
Convenor's Name:		Was Convenor contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, give reason:	

3. Unit Title			
Unit of Study Code		Did you sit the exam / test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of exam/test		Do you intend to sit the exam / test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Period affected	Period affected (Dates specified in Professional Practitioner's Statement in Section I)		
Start Date:	End Date:	Start Date:	End Date:
Convenor's Name:		Was Convenor contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, give reason:	

4. Unit Title			
Unit of Study Code		Did you sit the exam / test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of exam/test		Do you intend to sit the exam / test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Period affected	Period affected (Dates specified in Professional Practitioner's Statement in Section I)		
Start Date:	End Date:	Start Date:	End Date:
Convenor's Name:		Was Convenor contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, give reason:	

OTHER ASSESSMENT: EG. TESTS, ASSIGNMENTS, LABORATORY PRACS.

1. Unit of Study Title				
Unit of Study Code		Type of assessment		Due date
2. Unit of Study Title				
Unit of Study Code		Type of assessment		Due date
3. Unit of Study Title				
Unit of Study Code		Type of assessment		Due date
4. Unit of Study Title				
Unit of Study Code		Type of assessment		Due date

Did you submit any of the work on the due date?		Is the work currently in progress?		
Unit 1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit 1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. PREVIOUS APPLICATIONS FOR SPECIAL CONSIDERATION

Have you ever applied for special consideration before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in which Semester / Term and Year?	(eg Sem 1 / 2008)

E. DOCUMENTATION ATTACHED

<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> Police report	<input type="checkbox"/> Death notice/cert.	<input type="checkbox"/> Other please specify:
--	--	---	--

F. STUDENT DECLARATION AND AUTHORITY FOR RELEASE OF INFORMATION

I declare that the information provided by me is true and complete. I acknowledge that Swinburne University of Technology reserves the right to confirm the information provided and may vary or reverse any decision regarding special consideration on the basis of incorrect or incomplete information. I hereby give consent for the University to contact my treating practitioner and/or other person or organisation named in any supporting documentation to confirm/clarify the information provided and for the practitioner or other person/organisation to provide information relevant to my request for special consideration. I understand I may be asked to provide a more specific consent to disclosure of information should this be required by the Swinburne. I declare that I am available to attend an examination during the special examination period.

I understand that incomplete, unsupported applications cannot be considered by the University and that provision of false, altered or misleading information or documentation is grounds for Disciplinary action.

Student Signature		Date	
-------------------	--	------	--

G. CONFIDENTIAL: MEDICAL OR PSYCHOLOGICAL GROUNDS (Attach further pages, if required)

Grounds for application (Please explain how and why you were unable to complete or attend your assessment:

If your application is on medical / psychological grounds a registered practitioner must complete the PROFESSIONAL PRACTITIONER STATEMENT in that is not part of this form is insufficient.

H. CONFIDENTIAL: NON-MEDICAL GROUNDS (Attach further pages, if required)

Grounds for application (Please explain how and why you were unable to complete or attend your assessment and include the dates from/to that you were impacted. Supporting documentation / evidence of the situation and impact of this circumstance on your ability to study or undertake the required assessment must be attached otherwise your application will not be considered:

I. PROFESSIONAL PRACTITIONER TO COMPLETE THIS SECTION

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.

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)		

IMPACT DESCRIPTION

Please describe in the comments section below whether the student's condition impacts on:

1. Ability to complete an oral task	3. Ability to complete a written examination	5. Ability to concentrate
2. Ability to sit for sustained periods	4. Ability to travel	6. Other (please describe)

Practitioner's Comments:

If the stamp does not contain all of the following, please complete as appropriate:

Professional Practitioner's stamp

Medical/health practitioner's registration no.

Address of practice

Telephone no.

Signature of Professional Practitioner

Date

OFFICE USE ONLY

1. Unit of study code	Assessment item (eg examination)	Date due	Have all other mandatory requirements for the unit been met?	Recommended Outcome (see key below)	Convenor's name (please print)	Convenor's signature	Date

Was Convenor contacted by student Yes No
 Convenor's overall comment:

2. Unit of study code	Assessment item (eg examination)	Date due	Have all other mandatory requirements for the unit been met?	Recommended Outcome (see key below)	Convenor's name (please print)	Convenor's signature	Date

Was Convenor contacted by student Yes No
 Convenor's overall comment:

3. Unit of study code	Assessment item (eg examination)	Date due	Have all other mandatory requirements for the unit been met?	Recommended Outcome (see key below)	Convenor's name (please print)	Convenor's signature	Date

Was Convenor contacted by student Yes No
 Convenor's overall comment:

4. Unit of study code	Assessment item (eg examination)	Date due	Have all other mandatory requirements for the unit been met?	Recommended Outcome (see key below)	Convenor's name (please print)	Convenor's signature	Date

Was Convenor contacted by student Yes No
 Convenor's overall comment:

SPECIAL CONSIDERATION OUTCOMES

(Please record the appropriate number in the 'Recommended outcome' field above)

- | | |
|--|---|
| 1. Not granted (a full reason must be provided) | 4. Refer student to Disability Services |
| 2. Granted – eligible for Special Examination | 5. Take no action under Special Consideration policy |
| 3. Granted – eligible for alternative assessment | 6. Not eligible to apply for special consideration (criteria not met) |

OVERALL APPROVAL BY HEAD OF AWARDING FACULTY/SCHOOL (or nominee)

- Approved
 Not Approved (Reason)

Delegate's Name		Signature		Date	
-----------------	--	-----------	--	------	--