
HEFOR10 APPLICATION FORM FOR SPECIAL CONSIDERATION

Assessments

This form is to be used when applying for special consideration where academic performance is compromised due to unexpected or extenuating circumstances. Please read the Special Consideration Policy and Procedure (HEPP82) before completing this form.

Special Consideration applications will be considered by the Subject Convenor or Course Coordinator in consultation with the Dean and teaching staff, where necessary.

- Students requiring an extension of time longer than seven working days must complete this form, prior to the assessment due date.
- Student requesting Special Consideration due to failure to submit or complete an assessment must do so, no more than (3) working days following the assessment due date.
- The process for consideration of the student's application for Special Consideration will be completed within five (5) working days from lodgement of the application.
- You will be notified via their student email address, of the outcome of their application within five (5) working days.

You will need to:

1. Provide details of the assessment for which you are applying for special consideration.
2. A new form is required for additional assessments
3. Explain the grounds for special consideration
4. Provide supporting documentation such as a medical certificate, financial statements etc. to support your application. If you are applying on medical/psychological grounds, you must ensure that the Impact assessment statement section of this form is completed by an independent, qualified practitioner who is treating the condition.
5. Sign and date the student declaration

Section A: Student details

First Name: _____ Family Name: _____

Student number: _____ Telephone: _____

Student email: _____

By signing this form, I acknowledge that I have read and agree with the privacy and confidentiality statement and I authorise SCEI-HE to seek information from my health practitioner or provider to verify the claims made in the application.

Student signature: _____ Date: _____

Section B: Assessment for which special consideration is sought

Course Code	Course Title
Subject Code	Subject Title
Subject Convenor	

Assessment: Due Date:	Tick one Final Exam <input type="checkbox"/> Other (essay/report presentation etc.) <input type="checkbox"/>
Requested adjustment: <input type="checkbox"/> Extension of time Proposed new due date: _____ <input type="checkbox"/> Deferred assessment <input type="checkbox"/> Equivalent assessment <input type="checkbox"/> Supplementary assessment	

Section B: to be completed by practitioner or health care provider

Practitioner's name: _____

Address: _____

Signature: _____

Provider stamp/number

Medical health practitioner assessment:

On (date of consultation) _____

I, _____ (name) a registered medical/health practitioner, examined

Student name _____ Student ID: _____

Description of impact of the medical condition	Additional information	Dates affected	From (date)	To (date)
1. Able to travel/attend No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/> as determined above <input type="checkbox"/> dates within...		
2. Able to do sustained reading, note-taking and writing. No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, able to work <input type="checkbox"/> as usual <input type="checkbox"/> moderately less than usual <input type="checkbox"/> significantly less than usual	<input type="checkbox"/> as determined above <input type="checkbox"/> dates within...		
3. Able to perform a task requiring intense concentration for 1-2 hours. No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, able to complete <input type="checkbox"/> as usual <input type="checkbox"/> significantly less than usual	<input type="checkbox"/> as determined above <input type="checkbox"/> dates within...		

PART 2 – Non-medical grounds

A detailed statement of the grounds for your application **must** be provided below and/or attached. Supporting documentation/evidence of the situation and the impact of this circumstance on your ability to study or undertake the required assessment/s **must** be attached.

Course Coordinator or Subject Convenor:	
Name:	
Signature:	Date:
Application Approved YES / NO	Extended Assessment Due Date:

Application received by:

Name: _____

Signature: _____

Date: _____