

APPLICATION FOR SPECIAL CONSIDERATION



WHEN TO USE THIS FORM

A student whose work during a teaching period or performance in an assessment item/s (excluding examinations scheduled in the central examination periods) has been affected by temporary or permanent disability, illness or other unforeseen or exceptional cause may apply for special consideration over and above any adjustments that may already have been approved in an Education Inclusion Plan (refer to the University Assessment Policy and Procedures, Section 5.2). Applications should be submitted no later than five calendar days after the due date of the relevant assessment task or prior to the commencement of the relevant central examination period¹.

Possible outcomes of submission of this form include granting:

Possible Outcomes	Submit to (do not submit this form to a Student Centre)
Extension of the submission date of the assessment*	Lecturer-in-Charge if for one unit, OR Course Coordinator if for more than one unit
Adjustment to a grade for a unit	Head of School
Withdrawal from a unit without academic penalty	Course Coordinator
Undertake alternative assessment	Lecturer-in-Charge if for one unit, OR Course Coordinator if for more than one unit
Undertake additional assessment	Lecturer-in-Charge if for one unit, OR Course Coordinator if for more than one unit

* Use this SC form if the application for an extension is after the due date or for multiple extensions in the same study period; otherwise use the Application for an Extension Form. Unless you can provide evidence that you were prevented from applying for Special Consideration by the due date of the assessment task, a request for review of the result you obtain (on the grounds of illness or exceptional cause) will not be accepted. Your application will be assessed by the approving authority described in the *University Assessment Policy and Procedures* (Section 5.2, Table 3).

WHAT EVIDENCE DO I NEED?

For health-related matters you must provide a professional assessment of the effect of the relevant circumstances on your ability to undertake the assessment item/s in question. The Professional Authority Section of this form (Section E) must be completed and signed by a qualified professional, such as a medical practitioner, psychologist, psychiatrist, dentist, physiotherapist or counsellor. The person who provides the assessment must be registered with a recognised professional body.

For all other circumstances you must provide documentation that verifies the circumstances that may have caused disadvantage, eg a medical report, Education Inclusion Plan, death notice or certificate, police report or statutory declaration. The latter may be provided by an appropriate professional such as a member of the police force, a legal professional or a minister of religion.

The person/s who provide/s the assessment and/or the additional documentation must not be related to you. Attach any such documentation to this form and ensure you keep a photocopy of your completed application form and documentation. If you do not wish the details of your personal circumstances to be disclosed on this form you may 1) seek counselling support from an ACU National Student Counsellor who can assess your circumstances and complete the professional authority form (Section E) or 2) if disability related, contact an ACU National Disability Adviser who will keep your statement and related documentation on your confidential file.

WHEN/HOW WILL I FIND OUT THE RESULT OF MY APPLICATION?

You will normally be advised in writing of the outcome of your application within ten working days by letter or email to your ACU National student email address. It is your responsibility to contact the Lecturer/s-in-Charge to obtain further details of any alternative or additional assessment that you may need to complete.

Contact your School Office if you do not receive notification of the outcome/s of your application within ten working days of lodging it.

ADMINISTRATIVE USE ONLY

Date Received:	Supporting Documentation Attached: YES NO
Date Forwarded to LIC/CC/HOS:	Processed by:

DISABILITY ADVISER USE ONLY

Date Received:	Supporting Documentation Held by DA: YES NO
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¹ Except in situations relevant to Section 8.1 of the Examinations Policy and Procedures – Students.

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Processed by (DA Name):	Signature:
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Section A Personal Details

Student ID

Family Name Given Name(s)

Course Title Campus

Address

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Telephone (Home) (Business) (Mobile)

ACU National student email

Section B Special Consideration is Sought for the Following Assessment Items

Unit Code	Unit Title	Lecturer-in-Charge	Assessment Item (eg School-based examination, in-class test, quiz, assignment, practical, class work, project, presentation)	Due Date	Requested Outcome (refer to list below)

- Requested Outcomes**
- A** Extension of the submission date of the assessment
 - B** Adjustment to a grade for a unit
 - C** Withdrawal from a unit without academic penalty
 - D** Undertake alternative assessment
 - E** Undertake additional assessment

Section C Student Statement

Please provide details of your reasons for applying for special consideration (attach another page if required).

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I have attached the required documentary evidence. Yes

Section D Informed Consent

I understand that, as outlined on page 1, this application requires an assessment by a registered professional authority of the duration, severity and effect of my condition. To this end, I authorise that person to provide the University with information requested in Section E of this form or, in cases of exceptional cause, by provision of additional documentation. I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information. I certify that, to the best of my knowledge, the information supplied on and/or with this form is complete and correct.

Signature:Date:

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Section E Professional Authority Section

Purpose of this Section

This form is used by students to apply for special consideration for assessable work in studies at Australian Catholic University. Approval of such applications will only be granted to students who are legitimately disadvantaged in their assessment due to factors beyond their control. To enable an evaluation of the validity of the student's entitlement and to determine what action, if any, should be taken, the University requires that an assessment is provided on this form by a registered medical practitioner, psychologist, psychiatrist, dentist, physiotherapist or counsellor.

1. Student Details

Student ID

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Campus

Family Name First Name

I agree to Australian Catholic University requesting verification of the information provided on this certificate, if deemed necessary.

Student's Signature Date

2. Professional Authority Certificate (to be completed by the attending practitioner)

Date/s of consultation ___ / ___ / ___.

Please indicate your evaluation of the severity, duration and effect of the relevant circumstances on the student's ability to study. For the purposes of this certificate, study means attend classes, attend field placements, learn, retain knowledge and/or complete assessment requirements.

Severity	✓	From	To
Totally unable to study			
Very severely affected			
Moderately affected			
Slightly affected			
Unable to assess			

Additional comments

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

Practitioner's name (*please print*)

Address

Telephone

Provider number

Signature

Date

Stamp

Section F Determination of Application (School use only)

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A. Extension/s approved Yes / No

Unit/s

Signature Date
(Lecturer in Charge/Course Coordinator)

B. Adjustment to a grade for unit/s approved Yes / No

Revised Grade/s is/are

Signature Date
(Head of School) NOTE: a Change of Grade form must be submitted to the Student Centre

C. Withdrawal from unit/s without academic penalty approved Yes / No

Signature Date
(Course Coordinator) NOTE: this form and supporting documentation must be forwarded to the Manager, Enrolments, Fees and Scholarships, for processing

D. Alternative assessment item/s approved Yes / No

Type of assessment Due date

Signature Date
(Lecturer in Charge/Course Coordinator)

E. Additional assessment item/s approved Yes / No

Type of assessment Due date

Type of assessment Due date

Signature Date
(Lecturer in Charge/Course Coordinator)

Note/comment on decision

Student Advised	<input type="checkbox"/> Email <input type="checkbox"/> Letter	Date	Processed by.....
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