



Special Consideration application form

This form is to be used by current students when applying for Special Consideration for overall assessment, end-of-semester examinations, or additional assessment for a unit (or units) studied during the current semester. If applying for special consideration within semester, please complete this form only if you have been affected long term (i.e. more than 5 days). For an ongoing illness, please contact the Disability Liaison Unit (DLU) for assistance - students with disabilities, chronic medical conditions and short term injuries can request alternative arrangements for academic assessments under the separate Alternative Arrangements for Assessment policy.

General Information

- An application for special consideration ensures that the relevant Board Of Examiners or delegated authority takes into account the case made by the student when determining the final outcome, or granting additional assessment or a deferred examination.
- *It is the responsibility of students to ensure that they are available to sit any deferred examination if it is granted.* If granted a deferred exam or extension as a result of a Special Consideration application, students will not normally be granted further Special Consideration on this assessment.

Closing Dates

Submit your application within 48 hours (2 working days) after your last exam for this semester or, for other assessment, within 48 hours (2 working days) after the submission deadline for that piece of work. In exceptional circumstances, students should consult the Faculty. Special consideration applications relating to assessment for a particular semester which are submitted after the release of results for that semester **will not** be considered.

Lodgement of Applications

Lodge the original of this application plus one copy for each unit applied for together with appropriate documentation and evidence with the appropriate office (as indicated below), where you will be given a stamped copy which you should retain as verification of your application. *Do not give it to your lecturer.*

Faculty of Business & Economics undergraduate students please note original copy required only.

Caulfield Campus

For the following Faculties, please lodge your form with the Caulfield Service Centre.

- Faculty of Art & Design
- Faculty of Information Technology

Applications for other faculties should be lodged with the appropriate Faculty Office or School Office (for Faculty of Arts).

Parkville Campus

You should lodge your completed application form at the Student Services Counter.

Other Campuses

Lodge your completed form with the Student Administration Office of the Faculty or School (for Faculty of Arts) responsible for your course enrolment.

What Happens Next

Your application will be logged and distributed to the responsible teaching department/s. The teaching department will consider your application and ensure that any appropriate action is taken. Your request for special consideration will be recorded by the relevant Board Of Examiners and the paperwork held in the Faculty for the period specified by University Policy.

Eligibility

A candidate whose work during a teaching period or whose performance in an examination or other assessment has been affected by illness or other serious cause.

Serious causes include:

- **serious illness or psychological condition** - e.g. hospital admission, serious injury, severe asthma, severe anxiety or depression. *Does not include minor illness such as a headache or mild cold.*
- **loss or bereavement** - e.g. death of close family member, family/relationship breakdown
- **hardship/trauma** - e.g. victim of crime, sudden loss of income or employment, severe disruption to domestic arrangements.

Supporting Documentation

An application for special consideration must be accompanied by appropriate and substantial documentation and/or evidence from a qualified practitioner such as a medical practitioner or a psychologist, social worker or lawyer registered in Australia with a recognised body, e.g. Medicare. Other acceptable documents may include a death notice or certificate, a police report, statutory declaration, letter from employer, or a current letter from the Monash University Disability Liaison Unit. Applications may be rejected if originals or certified copies of documentation are requested but not provided. *Certificates signed by family members are not acceptable.*

Students applying on medical/psychological grounds **must** ensure that the "Professional Practitioner's Statement" section of this form has been completed **before** submitting their application. Faculty of Business & Economics students applying on personal grounds must also ensure the Practitioner's Statement has been completed.

Note: Access to sensitive/confidential material in these applications is limited to designated university personnel.

Outcomes

Outcomes resulting from a successful request for special consideration may include granting a deferred examination, additional assessment or time, or a reclassification of a student's mark (**note: mark adjustments are minor and may not result in a change to the grade achieved**).

Privacy Statement

The information on this form is collected for the primary purpose of assessing the applications for special consideration. Other purposes include: to decide the form of special consideration to be granted, monitor special consideration applications, send any necessary correspondence in relation to the application and for the Board of Examiners to assess compliance with the special consideration policies and procedures. The information on this form may be retained by the University for the duration of your current enrolment.

If you choose not to complete all the questions on this form, it may not be possible for the Faculty to process the application for special consideration. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on +61 3 9905 6011.

RECEIVED								
Please retain this copy as proof that your application has been submitted.								
Student ID:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>							
Tracking Number:								



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ADM09- V04/07

PERSONAL DETAILS		
Student ID number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Title:	Family Name:	Given Names:

COURSE DETAILS		
Course Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Course Title	Tick if External / Off-Campus Learning <input type="checkbox"/>
Home Campus:	Berwick <input type="checkbox"/>	Caulfield <input type="checkbox"/>
	Parkville <input type="checkbox"/>	Malaysia <input type="checkbox"/>
	Clayton <input type="checkbox"/>	South Africa <input type="checkbox"/>
	Gippsland <input type="checkbox"/>	Peninsula <input type="checkbox"/>

SPECIAL CONSIDERATION DETAILS						
Type (tick one box): An exam/assessment item <input type="checkbox"/> A period of time during which study was affected <input type="checkbox"/>						
Unit code	Semester/ Year	Assessment Item (eg. exam, assignment)	Date of Exam/ Assessment Deadline	Name of Examiner/Lecturer/ Tutor	Have You Sat Scheduled Semester Exam?	Will You Submit Assessment by Due Date?
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No

PREVIOUS APPLICATIONS FOR SPECIAL CONSIDERATION							
Have you ever applied for Special Consideration before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, in what previous assessment period did you apply?							
Semester e.g. Sem 1							
Year e.g. 2005							

ALL APPLICANTS MUST COMPLETE THIS SECTION	
I declare that the information provided by me is true and complete . I acknowledge that Monash University 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 agree to provide a more specific consent to disclosure of the information should this be required by the organisation.	
Signed _____	Date _____

OFFICE USE ONLY		
To be completed by the examiner		Student administration office
Authorisation	Recommendation	
Unit Code	<input type="checkbox"/> Action recommended <input type="checkbox"/> mark adjustment <input type="checkbox"/> deferred exam <input type="checkbox"/> extension of assessment due date <input type="checkbox"/> other _____ (eg. additional assessment) <input type="checkbox"/> No action recommended	Application Keyed
Chief Examiner (name)		Date
Chief Examiner Signature		Decision Keyed
Date		Date
Comments		



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Student ID number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Student Name:
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SUPPORTING DOCUMENTATION/EVIDENCE

Reason for applying for Special Consideration: Please substantiate your claim - if insufficient space to outline your case, please attach additional page. Attach relevant documentation/evidence.
Grounds for application (tick one box): Medical <input type="checkbox"/> Personal <input type="checkbox"/> Other <input type="checkbox"/>

Medical/Psychological Grounds

If your application is on **MEDICAL / PSYCHOLOGICAL GROUNDS**: *a registered practitioner must complete the PROFESSIONAL PRACTITIONER STATEMENT* section below. If no/inadequate supporting evidence is provided as to how your studies have been affected, we will be unable to accept/assess your application. *Business and Economics students* applying on *personal grounds* must also ensure this section is completed in support of their claim.

Professional Practitioner Statement Please tick appropriate box and specify period/s:

Date/s of consultation:

*Student was affected at some time **other** than at the time of the examination or assessment task, or in addition to that period.*

- | | | |
|--|----------------|----------------------|
| <input type="checkbox"/> totally unable to study | specify period | <input type="text"/> |
| <input type="checkbox"/> severely affected | specify period | <input type="text"/> |
| <input type="checkbox"/> slightly affected | specify period | <input type="text"/> |
| <input type="checkbox"/> unable to assess | specify period | <input type="text"/> |

Student was affected at all or some examinations, and/or submission of assessment tasks.

- | | | |
|---|----------------|----------------------|
| <input type="checkbox"/> totally unable to sit exam(s) / submit assessment | specify period | <input type="text"/> |
| <input type="checkbox"/> severely affected, but able to sit exams / submit assessment | specify period | <input type="text"/> |
| <input type="checkbox"/> slightly affected, but able to sit exams / submit assessment | specify period | <input type="text"/> |
| <input type="checkbox"/> unable to assess ability to sit / submit assessment | specify period | <input type="text"/> |

REMARKS: nature, severity and duration of illness and other relevant information with reference to the candidate's capacity to study or sit the exam, which will assist in any assessment of this application for special consideration.

Professional Practitioner Details

Title:	Family Name:	Given Names:
Specialisation (eg medical practitioner, psychologist):		Stamp
Provider Number:		
Phone Number:	Address:	

Professional Practitioner's Signature	Date / /
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