

A student may apply for Special Consideration if misadventure or extenuating circumstances outside their control, and sufficiently grave in nature or duration, cause significant disruption to their capacity to study effectively or complete unit requirements.

More information and a link to the University's policy on Special Consideration can be found online at www.uws.edu.au

- ▶ Applications for an assessment task for a single unit of study should be lodged with the Unit Coordinator
- ▶ Applications for part or the whole of a teaching session for a single unit of study should be lodged with the Unit Coordinator
- ▶ Applications for part or whole of the teaching period for more than one unit of study should be lodged with the Head of Program

This form must be submitted to the nominated staff member as soon as you are aware of the exceptional circumstances affecting your study, and no later than 5pm on the second working day after the due date of the assessment.

Please complete this form in **BLACK INK** using **CAPITAL LETTERS**.

1 - PERSONAL DETAILS

UWS Student ID number

Daytime contact phone number

Title

Family name

Given name(s)

Course code

Course name

Campus

2 - ASSESSMENT DETAILS – please state the date due for each assessment task, or a date range for a unit or units.

I am applying for Special Consideration for the assessments or for part or whole of the units of study below.

Unit number	Unit name and name of assessment item	Start Date	Date Due	Time Due

3 - REASON FOR APPLICATION

Evidence must be provided demonstrating the severity and/or gravity of the event and that it has disrupted previously satisfactory work during the session of enrolment.

- | | | |
|--|---|---|
| <p><input type="checkbox"/> Serious illness
 A UWS Medical Certificate must be completed by your medical or dental practitioner (see page 2).
 Your practitioner must affix a provider stamp on the UWS Medical Certificate otherwise a medical certificate containing this provider number must be attached to the application. Ensure that all the information requested on the UWS Medical Certificate is supplied on any other medical certificate submitted. Certificates signed by family members will not be accepted.</p> <p><input type="checkbox"/> Unavoidable commitments
 For example, Jury duty, court appearance, military reserve emergency service commitments.
 Please attach documentation showing compulsory attendance dates.</p> <p><input type="checkbox"/> Death or serious illness of immediate family member
 Please attach a letter from a counsellor, doctor or funeral director indicating the relationship of the family member to the student.</p> | + | <p><input type="checkbox"/> Substantial change to routine employment
 Please attach a letter from your employer explaining the change to your work arrangements.</p> <p><input type="checkbox"/> Selection to represent at International, National or State level in a sporting or cultural event
 Please attach supporting documentation from State, National or Cultural organisation advising selection.</p> <p><input type="checkbox"/> Crisis/Trauma
 For example, family breakdown, victim of crime/accident, extreme financial hardship.
 Supporting evidence may include a medical certificate or other letter from a counsellor, doctor, police or fire officer, depending on the nature of the issue. There must be evidence to demonstrate the severity and/or gravity of the circumstance, in addition to evidence that the misadventure has disrupted previously satisfactory work by a student during the session of enrolment.</p> |
|--|---|---|

4 - STUDENT DECLARATION

I declare that the information provided by me on this form is true and correct.
 I also agree to the release of personal information about me for the purpose of assessing this application.

Date received

X SIGN HERE

DD / MM / YYYY

5 - MEDICAL CERTIFICATE

Applications based on "Serious Illness" will not be considered unless a medical certificate is provided. The certificate must be completed by a registered medical or dental practitioner and have the practitioner's provider stamp affixed.

Name of Practitioner

Provider Number

Address

Contact Telephone(s)

Date of attendance Time

I certify that (patient's name)

is unfit for studies from to

This illness would (please tick) severely affect moderately affect slightly affect not affect the patient's capacity to attend classes participate in fieldwork complete assessment tasks

or I am unable to assess how this illness would affect the patient's capacity.

My assessment of the patient's condition was based on an examination of the patient information provided by the patient

Within the limits of patient confidentiality, please state the nature of the problem/illness/difficulty experienced by the patient over this period.

Practitioner's signature

Date

Provider's stamp

MUST BE AFFIXED HERE

6 - SPECIAL CONSIDERATION FOR A SINGLE ASSESSMENT TASK IN ONE UNIT OF STUDY - Unit Coordinator to complete

Is Special Consideration for an assessment task in one unit of study approved? Yes No

Assessment title

Comments

Outcome No action Student to complete a different, academically equivalent, assessment task Assessment task is to be omitted from the final grade calculation Extension of time until to complete the assessment task

Signature

Date

Academic's name

Date student notified

7 - SPECIAL CONSIDERATION FOR PART OR WHOLE OF THE TEACHING SESSION IN ONE UNIT - Unit Coordinator to complete

Is Special Consideration for part/whole of the teaching session for one unit of study approved? Yes No

Unit Code From to

Comments

Outcome No action Aggregate or average marks for completed assessment tasks to achieve a % Assessment task is to be omitted from the final grade calculation Extension of time until to complete assessment tasks

Setting a different assessment task Exempt student from attending compulsory residential or other practical activities "R" grade (Re-assessable fail) **must be approved by HoP** "I" grade (Incomplete) to be resolved no later than next census date

Signature Date

Academic's name Date student notified

7 - SPECIAL CONSIDERATION OVER PART OF OR WHOLE TEACHING PERIOD FOR MORE THAN ONE UNIT - HoP to complete

Is Special Consideration for part/whole of the teaching period for one or more units of study approved? Yes No

Unit Code From to

Unit Code From to

Comments

Outcome Adjust the requirements of the assessment submitted notwithstanding the requirement that a satisfactory attainment of the relevant unit objectives and learning outcomes must be demonstrated for the assessment/unit. Recommend accommodations to the nature of the student's involvement with the teaching/learning experiences and/or assessment tasks for a part or the whole of the teaching session.

Extension of time until to complete assessment tasks

Recommendations or additional information

Signature Date

Academic's name Date student notified