

APPLICATION FOR SPECIAL CONSIDERATION

(Illness, Misadventure or Work-Related Circumstances Affecting Assessment)

WHAT IS SPECIAL CONSIDERATION

Special consideration consists of the exercise of academic discretion to provide equitable treatment to students whose performance in an assessment item or items is affected by illness, misadventure or work-related circumstances.

If you are requesting an extension of time of one week or less to submit an assignment, you should contact your subject coordinator and NOT use this form.

UNDER WHAT CIRCUMSTANCES CAN I APPLY FOR SPECIAL CONSIDERATION

An application should be submitted by students only where, during a teaching period, performance in an assessment item or items, including examinations, has been affected by extenuating or special circumstances beyond the students' control.

Extenuating circumstances will be considered if they meet the following criteria:

- A situation that would generally be considered beyond the students control and for which the student is not responsible. This situation must be unusual, uncommon or abnormal
- It must be sufficiently seriously in nature or duration to have made the completion of an assessment task as described in the subject outline or the attendance at an examination, extremely difficult.

Such causes include:

serious illness or psychological condition – such as hospital admission, serious injury or illness, severe anxiety or depression.

loss or bereavement – such as death of a close family member, family/relationship breakdown

hardship/trauma – such as victim of crime, sudden loss of income or employment, severe disruption to domestic arrangements

exceptional employment demands – such as active service (e.g. ADF Reserves, bushfire and SES services)

Note: (1) if you entirely missed a centrally-conducted examination through illness, misadventure or work-related circumstances you must apply for a special exam online at http://datasearch.uts.edu.au/special_exams/timetable/index.cfm no later than **two** working days after the date of the examination that was missed.

(2) unless you can provide evidence that you were prevented from applying for Special Consideration or an alternative assessment by the specified time, a request for review

of the result you obtain (on the grounds of illness or misadventure) will not be accepted.

WHAT EVIDENCE DO I NEED

The Professional Authority Section of this form must be completed and signed by one of the following:

- registered medical practitioner;
- psychologist;
- minister of religion;
- UTS Student Counsellor or other registered counsellor
- senior officer, emergency services
- authorised officer, Australian Defence Force

Documentation such as a medical report, death notice or certificate, police report or statutory declaration should be attached to this form. If you do not wish details of your illness or circumstances to be disclosed on this form you must see a UTS Student Counsellor who will keep your documentation on a confidential file.

Keep a photocopy of your completed application form and documentation.

WHO WILL CONSIDER THIS APPLICATION

Your application will be considered by the Subject Coordinator and the Faculty Responsible Academic Officer or by the Faculty Result Ratification Committee.

Note: (1) it will take a few days for this application to be forwarded to and then considered by the subject coordinator/s. It is then your responsibility to contact the subject coordinator/s to find out what action has been taken and obtain details of any alternative assessment that you may need to complete.

(2) contact your Student Centre if you do not receive notification from your Faculty of the outcome of your application.

DEADLINE FOR LODGING AN APPLICATION FOR SPECIAL CONSIDERATION

1. For assessment items during semester the form must be lodged before the due date of the assessment item.

2. For examinations the form must be lodged no later than ONE working day after the examination.

3. Late applications may be lodged in exceptional circumstances (Rule 8.3)

WHERE TO LODGE THIS FORM

In person

Student Centre

Locations at

<http://www.uts.edu.au/students/centres.html>

By mail

Student Centre

University of Technology, Sydney

PO Box 123

Broadway NSW 2007

PERSONAL DETAILS

Student No:

Family Name _____

_Given Name _____

Course Title: _____ Course Code: **C**

Address _____

Telephone (Home): _____ (Business): _____

(Mobile): _____ Fax: _____

email _____

SPECIAL CONSIDERATION IS SOUGHT FOR THE FOLLOWING SUBJECTS AND ASSESSMENT ITEMS

SUBJECT NUMBER	SUBJECT NAME	COORDINATING EXAMINER	FACULTY	ASSESSMENT ITEM & DUE DATE eg formal exam, informal exam, test, quiz, assignment, practical, class work, project, presentation, performance

STUDENT STATEMENT (to be completed by the student)

Please provide details of your reasons for applying for special consideration (attach on a separate page).

Please indicate the type of special consideration you are seeking (tick one box only)

- Special informal Exam/Test/Quiz
- Another assessment item
- Additional time for submission of the assessment item (where seeking more than a one week extension)
- How much additional time are you seeking _____ weeks
 - What date are you proposing to submit the assignment ___ / ___ / _____
- Other – please specify on a separate page

INFORMED CONSENT

I understand that my Application for Special Consideration requires information from a registered professional authority (such as a registered medical practitioner, psychologist, minister of religion, or counsellor) about my illness or misadventure. To this end I authorise that person to provide the University with information requested in the professional authority section of this form. ***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 this form is complete and correct.

Student's
Signature: _____

Date: _____

PROFESSIONAL AUTHORITY SECTION

To be completed by a registered medical practitioner, psychologist, minister of religion, counsellor, or (where applicable) authorised officer in the emergency services or Australian Defence Force for a student whose work during a teaching period or whose performance in an assessment item or items, including examinations, has been affected by illness or other cause. Such causes include:

serious illness or psychological condition.

loss or bereavement

hardship/trauma

involvement in active service e.g. volunteer firefighter, Australian Defence Force reservist

Special Consideration applications must be supported by documentary evidence from an appropriate professional authority (a registered medical practitioner, psychologist, minister of religion, counsellor, or – where applicable – authorized officer in the emergency services or Australian Defence Force). Your help in providing information about the student’s illness, misadventure or work-related circumstance is appreciated. This information will help the University make a fair and informed assessment about the student’s academic performance. The information you provide on this form will be used solely to assess this application.

PROFESSIONAL PRACTITIONER CERTIFICATE (to be completed by medical practitioner, psychologist, etc)

STUDENT NUMBER: _____ **STUDENT NAME:** _____

Date/s of consultation: _____

Please indicate your evaluation of the severity, duration and effect on the student’s ability to attend for classes, learn, retain and/or complete assessment requirements:

Severity (please tick appropriate boxes)	Specify period/duration		
	✓	from	to
totally unable to study			
very severely affected			
severely affected			
moderately affected			
slightly affected			
unable to assess			

Remarks: nature of illness, symptoms, restrictions on capacity or functionality and other relevant information (attach additional report or documentation if necessary)

OTHER (please specify and attach documentation/evidence)

Name _____

Address _____

Phone Number _____ Provider Number _____ Stamp _____

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

Signature: _____

Date: _____

STUDENT ADMINISTRATION USE ONLY	
DATE RECEIVED:	
DATE SENT TO FACULTY:	PROCESSED BY:

FACULTY USE ONLY

APPLICATION FOR SPECIAL CONSIDERATION

(Illness, Misadventure or Work-related Circumstances Affecting Assessment)

STUDENT NUMBER: _____ **STUDENT NAME:** _____

SUBJECT NO.	SUBJECT NAME	ASSESSMENT ITEM & DUE DATE	COORDINATING EXAMINER

Tick one of the following

Special Informal Exam/Test/Quiz approved

Special Informal Exam/Test/Quiz Date: _____

Another assessment item to be completed in place of the informal examination/test/quiz

Type of assessment: _____ Due date: _____

I will allow additional time for submission of the assessment item

Period of extension: _____ Due date: _____

I will arrange supplementary work

Type of assessment: _____ Due date: _____

I have noted the circumstances and will take them into account in the overall assessment for the subject

I have already taken the circumstances into account, mark to stand

Signature: _____ **Date:** _____

SUBJECT COORDINATOR

Due consideration has been given to the student's circumstances by the Coordinating Examiner and appropriate action taken.

Signature: _____ **Date:** _____

RESPONSIBLE ACADEMIC OFFICER