

Application for Special Consideration



Student Details

Student Number	
Surname	
Given Name/s	

Eligibility for Special Consideration

Students may apply for Special Consideration if they are unable to complete assessment tasks as set out in unit outlines, due to extenuating circumstances. These include, but are not restricted to:

- o A certified and disclosed physical disability;
- o Mental health issues such as a high-level anxiety or depression;
- o A learning difficulty;
- o Chronic illness; or
- o Longstanding family issues.

❖ Supporting documentation must be provided. The Dean's Office will determine the terms and conditions of Special Considerations and consider the recommendations provided by the student's physician or therapist.

❖ Lodging an application for Special Consideration does not guarantee that you will be granted any concessions. You should continue to work on your assessments and complete them as soon as possible. Please refer to the current Student Handbook for more details.

❖ **Special Consideration will only be granted for assessment tasks and exams due after the submission of this application.**

All documentation provided to the College regarding your application will remain confidential.

Application for Special Consideration

Type of Special Consideration sought:

<input type="checkbox"/>	Short-term (1 semester)	<input type="checkbox"/>	Long-term (throughout entire course of study)
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Reason for Special Consideration: *(Please provide details. You may attach a separate sheet if required)*

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Physician Reference

To be completed by the supervising physician. *(Please provide supporting documentation)*

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Physician's Recommendation

It is my opinion that the student is adversely affected by the described condition/s and recommend the following:			
Extensions for assessments for <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> Other: <i>(Please specify)</i>			
Exam concessions: <input type="checkbox"/> Extra time <input type="checkbox"/> Different location from peers <input type="checkbox"/> Other : <i>(Please specify)</i>			
Special resources: <i>(Please specify)</i>			
Checklist			
1. Supporting Documentation <i>(e.g. a Medical Report from a Medical Practitioner, Specialist, and/or Therapist)</i>		<input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Existing Arrangements / Circumstances <i>(i.e. 'Arrangements' refer to Special Consideration which has been granted to a student who have a physical, medical, and/or mental health condition)</i>		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3. I am consulting the Study Skills Advisor about my academic skills and/or time management.		<input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Other:			
Declaration			
<i>I declare that the information on this form is, to the best of my knowledge, correct and complete in every detail. I have read, understood and agree to the College's refund policy, and the Rules and Regulations outlined in the Student Handbook. I understand that the details provided are protected by the Privacy and Personal Information Act 1998 (NSW).</i>			
Student Name			
Student Signature		Date	

Office Use Only			
Dean's Office			
Application for Special Consideration:		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Condition/s:			
Comments (optional):			
Commencing date:		Ending date:	
Signature		Date Signed:	
<input type="checkbox"/> Copy of outcome sent to student		<input type="checkbox"/> Relevant lecturer/s notified	
Student Administration			
<input type="checkbox"/> Copy filed in Student File			
Signature		Date	