



## APPLICATION FOR SPECIAL CONSIDERATION

### 1. Instructions

Students whose ability to submit or attend an assessment item is affected by sickness, misadventure or other circumstances beyond their control, may be eligible for special consideration. Students must apply in writing to the Associate Dean for special consideration within five working days of the due date of the assessment item or exam using this form. You can submit your form via email ([administration@sitcm.edu.au](mailto:administration@sitcm.edu.au)), by post (PO Box K623, Haymarket 2000) or in person at the SITCM Administration Office.

- \* No consideration is given when the condition or event is unrelated to the student's performance in a component of the assessment, or when it is considered not to be serious, or if the form is received later than five working days after the due date of the assessment.
- \* Section 6 must be completed by a registered medical practitioner or relevant professional on or before the date of the assessment task or examination.

*Date Received*

### 2. Personal Details

Family Name:		Given Name:	
Student ID:	D.O.B: <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Local <input type="checkbox"/> International	
Email:		Mobile:	

### 3. Academic Details

Unit Name	Code	Assessment Name	Assessment Due Date
		<input type="checkbox"/> Final Examination <input type="checkbox"/> Other:	
		<input type="checkbox"/> Final Examination <input type="checkbox"/> Other:	
		<input type="checkbox"/> Final Examination <input type="checkbox"/> Other:	

### 4. Reason for Application (Appropriate documentary evidence must be provided for each reason)

- \* Special consideration will only be granted for extenuating circumstances clearly beyond a student's control. Please refer to the Student Manual V13, Page 25 for a list of acceptable and non-acceptable extenuating circumstances.

Reason	Document attachment number
<input type="checkbox"/> Medical condition or event ^	<input type="checkbox"/>
<input type="checkbox"/> Psychological trauma, impairment or incapacity arising from event ^	<input type="checkbox"/>
<input type="checkbox"/> Physical trauma leading to impairment or incapacity resulting from an accident ^	<input type="checkbox"/>
<input type="checkbox"/> Financial hardship arising from substantial change to economic circumstances beyond your control	<input type="checkbox"/>
<input type="checkbox"/> Substantial change to routine employment arrangements or status beyond your control	<input type="checkbox"/>
<input type="checkbox"/> Substantial unanticipated change to routine accommodation and residential arrangement or status beyond your control	<input type="checkbox"/>
<input type="checkbox"/> Military, sporting, cultural, emergency or legal commitments	<input type="checkbox"/>
<input type="checkbox"/> Other reason (please provide detail):	<input type="checkbox"/>

