



SPECIAL CONSIDERATION APPLICATION FORM

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 Course Coordinator for special consideration within five working days of the due date of the assessment item or exam using this form. Submit your form to administration@sitcm.edu.au, by post (PO Box K623, Haymarket, 2000) or in person at the 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"/> Assignment <input type="checkbox"/> Class Examination <input type="checkbox"/> Final Examination	
		<input type="checkbox"/> Assignment <input type="checkbox"/> Class Examination <input type="checkbox"/> Final Examination	
		<input type="checkbox"/> Assignment <input type="checkbox"/> Class Examination <input type="checkbox"/> Final Examination	

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

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

5. Student Declaration

In making this application I declare that:

- The information I have provided is true, accurate and complete
- The documents I have provided are genuine.

SITCM reserves the right to contact the doctor, counsellor or issuing authority concerned to verify that the documentation is genuine. If falsified documents are provided in support of this application, then this will result in one of a range of penalties or other disciplinary action under the Misconduct Policy.

Student Signature: _____

Date: / /

6. Medical Certificate Form

Applications based on **unforeseen, severe, and/or grave illness** will not be considered unless the following medical certificate form is completed. This form must be completed by a registered medical practitioner and have the practitioner's provider stamp affixed. **Stress and/or anxiety associated with examinations, required assessment tasks or any other aspects of coursework will not normally be considered.**

Name of Practitioner:
Provider Number:
Address:
Contact Telephone(s):
Date of attendance at surgery: <input type="text"/> / <input type="text"/> / <input type="text"/> Time: _____

Provider's Stamp

If stamp is not available, a signed declaration of provider number on practitioner's letterhead is to be attached to this application

I certify that _____ **PATIENT'S NAME** _____

is unfit for studies from (date) / / to (date) / /

Is the severity and gravity of the illness of such an extreme nature that the patient's capacity to complete assessment tasks, attend classes and or participate in fieldwork is affected? Yes No

My assessment of the patient's condition was based on:

- an examination of the patient information provided by the patient
 I am unable to assess how this illness would affect the patient's capacity

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

Practitioner Signature: _____

Date: / /

Course Coordinator to Complete

Is special consideration approved? Yes No

- Outcome: No action is taken
 Additional assessment or a supplementary examination is undertaken
 Marks for completed assessment tasks are pro-rated to achieve a final percentage result
 Extension of due date until / /
 Discontinue from the unit of study without failure

Comments: _____

Name: _____

Unit of study lecturer to be advised

Signature: _____

Date: / /