



## SPECIAL CONSIDERATION APPLICATION FORM

Guidelines		
<p>1. A student whose work has been or would be significantly impaired by events outside their control may be eligible for special consideration.</p> <p>2. <b>Timeframe:</b> Applications for special consideration must be made no more than five (5) business days after the due date of the assessment or exam.</p> <p>3. <b>Fit to Sit Rule:</b> Special consideration will be automatically deemed to be invalid if the student submits their assignment or attempts the quiz/practical test/exam by the original due date.</p> <p>4. <b>Extenuating Circumstances</b> (see <a href="#">section 2.6 of the Special Consideration Policy and Procedure</a>)</p> <p>a. If you receive special consideration but are still unable to complete the assessment within the requirement timeframe due to reasons associated with the significant impairment (e.g. your illness or injury requires longer recovery time), then you may be allowed a longer timeframe to complete your coursework.</p> <p>b. Applications for extenuating circumstances must be made to the Dean in writing and must have supporting documents.</p> <p>5. Lodge your application by email to <a href="mailto:administration@sitcm.edu.au">administration@sitcm.edu.au</a>.</p>		
<b>Date received:</b>		<b>Date student notified of outcome:</b>
Student Details		
Given Name:	Surname:	Student ID:
SITCM Email:		@sitcm.edu.au
Personal Email:	Mobile:	
Are you on an Academic Support Plan or a Support Plan for Medical or Disability (M/D) Reasons?	<input type="checkbox"/> Yes, Academic Support Plan <input type="checkbox"/> Yes, Support Plan for M/D Reasons	
Are you applying for Special Consideration or Special Consideration for Extenuating Circumstances?	<input type="checkbox"/> Special Consideration → attach supporting evidence <input type="checkbox"/> Extenuating Circumstances → write a letter to the Dean explaining your circumstances <b>AND</b> attach supporting evidence	
Exceptional Circumstance	Supporting Evidence Required – Suggested	
1. Short-term illness	<ul style="list-style-type: none"> <li>Medical Certificate (provided by health practitioner) <b>OR</b></li> <li>Hospital Discharge Certificate</li> </ul>	
2. Hardship or trauma, including: <ul style="list-style-type: none"> <li>Sudden change in domestic arrangements: e.g. eviction, homelessness</li> <li>Unexpected serious financial difficulties</li> <li>Victims of crime</li> <li>Unexpected events/accidents</li> <li>Hospitalisation of a family member</li> </ul>	<ul style="list-style-type: none"> <li>Official letter from relevant source/authority</li> <li>Police report</li> <li>Medical Certificate (provided by health practitioner) <b>OR</b></li> <li>Hospital Discharge Certificate</li> </ul>	
3. Death of a relative or friend	<ul style="list-style-type: none"> <li>Death Notice/Certificate / Obituary / Order of service <b>OR</b></li> <li>Statutory Declaration</li> </ul>	
4. Unavoidable commitments: <ul style="list-style-type: none"> <li>Religious commitments</li> <li>Unavoidable medical procedures</li> <li>Court dates/Jury Duty</li> <li>Unexpected carers requirements</li> <li>Elite athletes or Performers</li> <li>Army Reservists/SES commitments and Volunteer Firefighters</li> </ul>	<ul style="list-style-type: none"> <li>Letter from religious leader/Elder</li> <li>Medical Certificate (provided by health practitioner)</li> <li>Letter confirming attendance to Jury Duty/court date</li> <li>Carers requirements list</li> <li>An official letter from organiser outlining commitments</li> </ul>	

**Grounds for Special Consideration (SC)** – Please set out the reasons for requesting special consideration.

**Student Declaration**

In making this application, I declare that the information I have provided is true, accurate and complete, and the supporting evidence I have provided are genuine. SITCM reserves the right to contact the health practitioner or issuing authority concerned to verify that the supporting documents is genuine. If falsified documents are provided in support of this application, then this will result in a range of penalties or other disciplinary action under the [Academic Misconduct Policy and Procedure](#).

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assessment Details**

Unit Code	Unit Name	Assessment Type	Assessment Name	Original Due Date*	Preferred Due Date**	SC approved?	SC granted
		<input type="checkbox"/> Formative <input type="checkbox"/> Summative				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extension of due date until: <input type="checkbox"/> Alternative assessment task <input type="checkbox"/> Aggregated or averaged mark <input type="checkbox"/> Discontinue from the unit without failure
		<input type="checkbox"/> Formative <input type="checkbox"/> Summative				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extension of due date until: <input type="checkbox"/> Alternative assessment task <input type="checkbox"/> Aggregated or averaged mark <input type="checkbox"/> Discontinue from the unit without failure
		<input type="checkbox"/> Formative <input type="checkbox"/> Summative				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extension of due date until: <input type="checkbox"/> Alternative assessment task <input type="checkbox"/> Aggregated or averaged mark <input type="checkbox"/> Discontinue from the unit without failure
		<input type="checkbox"/> Formative <input type="checkbox"/> Summative				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extension of due date until: <input type="checkbox"/> Alternative assessment task <input type="checkbox"/> Aggregated or averaged mark <input type="checkbox"/> Discontinue from the unit without failure

\*The students MUST honestly provide the original due date. If any issue occurs due to a wrongly provided original due date, the students will take all responsibility.

\*\*Preferred Due Date: this date is **NOT** guaranteed should special consideration be granted.

Course Coordinator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_