

SPECIAL CONSIDERATION AND EXTENSION APPLICATION FORM

Guidelines

1. **Eligibility:** A student whose work has been or would be impaired by events or unexpected circumstances outside their control may be eligible for extension or special consideration. Eligibility criteria is defined in Section 2.1 of the [Special Consideration and Extension Policy and Procedure](#) (see also Appendix 1).
 - a. If minor extenuating circumstances prevent a student from completing an assignment by the normal deadline, they may apply for an extension.
 - b. If minor extenuating circumstances prevent a student from completing an exam on the exam date, they may apply for an exam deferral.
 - c. If a significant impairment prevents a student from completing an assessment by the normal deadline, they may apply for special consideration.
2. **Application Deadlines:**
 - a. Applications for an assignment extension must be made before the assignment deadline.
 - b. Applications for an exam deferral must be made before the exam time, or no more than three (3) calendar days after the exam time and the student: a) did not attend the exam, and b) contacted the Administration Office by the day following the exam.
 - c. Applications for special consideration can be made before an assessment due date, on an assessment due date or up to five (5) business days after an assessment deadline.
3. **Fit to Sit Rule:** Extension and/or 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.
4. **Extenuating Circumstances** (see Section 2.6.1 of the [Special Consideration and Extension Policy and Procedure](#)):
 - a. If a student receives special consideration but is still unable to complete the assessment within the requirement timeframe due to reasons associated with their significant impairment (e.g. their illness or injury requires longer recovery time), then they may be allowed a longer timeframe to complete that assessment.
 - b. Extenuating circumstances must be ongoing and result from the initial significant impairment for which special consideration was approved.
 - c. Applications for extenuating circumstances must be made to the Dean by email no more than five (5) business days after the extended assessment deadline that was granted for the original special consideration.
5. **Submission of Application:**
 - a. Lodge your application by email to administration@sitcm.edu.au.
 - b. Applications for special consideration or extension must be submitted with supporting evidence. Applications without supporting evidence will be automatically rejected.
6. **Risk of Failure:** You will automatically fail a unit if you are granted an extension or special consideration for an assessment in that unit and:
 - a. You do not submit the assessment within two weeks of the extended assessment deadline (if the extended deadline is after the last day of Week 16 of the Semester); or
 - b. You do not submit the assessment within one year of the original assessment deadline that was set for the class.

SECTION 1: Student to Complete

Student Details		
Given Name:	Surname:	Student ID:
SITCM Email:	@sitcm.edu.au	Mobile:
Are you on an Academic Support Plan or a Support Plan for Medical or Disability (M/D) Reasons?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Academic Support Plan <input type="checkbox"/> Yes, Support Plan for M/D Reasons	

Grounds for Application – Please provide your reasons for requesting special consideration or an extension.

Has valid supporting evidence been provided (see Section 2.1.1 of the [Special Consideration and Extension Policy and Procedure](#) and/or **Appendix 1** on Page 4)? Yes No

Assessment Details

Unit Code & Name	Assessment Type & Name	Original Due Date	Extended Due Date ¹	Preferred Due Date ²
	<input type="checkbox"/> Formative <input type="checkbox"/> Summative Name:			
	<input type="checkbox"/> Formative <input type="checkbox"/> Summative Name:			
	<input type="checkbox"/> Formative <input type="checkbox"/> Summative Name:			
	<input type="checkbox"/> Formative <input type="checkbox"/> Summative Name:			

¹ Extended Due Date: Please provide the extended due date if an extension or special consideration has previously been granted.

² Preferred Due Date: Please provided your preferred due date. This date will be considered by the assessor within the limits of the *Special Consideration and Extension Policy and Procedure* but cannot be guaranteed.

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 is 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:
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SECTION 2: Administration Office to Complete

Application Type			
<input type="checkbox"/> Assignment Extension	<input type="checkbox"/> Exam Deferral	<input type="checkbox"/> Special Consideration	<input type="checkbox"/> Special Consideration for Extenuating Circumstances
Preliminary Review			
Is the form complete and the application eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Has valid supporting evidence been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Reviewer name:	Reviewer signature:		
Date application received:	Date sent to assessor <u>or</u> student notified of outcome if unsuccessful:		

SECTION 3: Assessor to Complete (excl. date notified which Administration Office is to complete)

Application Assessment			
Unit Code & Name	Assessment Type & Name	Application Approved?	Approved Adjustment
	<input type="checkbox"/> Formative <input type="checkbox"/> Summative Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	<input type="checkbox"/> Extension of due date until: <input type="checkbox"/> Deferred exam <input type="checkbox"/> Other:
	<input type="checkbox"/> Formative <input type="checkbox"/> Summative Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	<input type="checkbox"/> Extension of due date until: <input type="checkbox"/> Deferred exam <input type="checkbox"/> Other:
	<input type="checkbox"/> Formative <input type="checkbox"/> Summative Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	<input type="checkbox"/> Extension of due date until: <input type="checkbox"/> Deferred exam <input type="checkbox"/> Other:
	<input type="checkbox"/> Formative <input type="checkbox"/> Summative Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	<input type="checkbox"/> Extension of due date until: <input type="checkbox"/> Deferred exam <input type="checkbox"/> Other:
Assessor Name:		Signature:	Date of Application Assessment:
Date student notified of outcome (administration office to complete):			

APPENDIX 1: EXPLANATORY NOTES

Key Definitions	
<p>Minor extenuating circumstances are:</p> <ul style="list-style-type: none"> i. Unexpected; ii. Outside a student’s control; iii. Likely to impact the student for between one (1) and three (3) consecutive calendar days in the two (2) weeks preceding the assignment deadline, or likely to impact the student on the exam date. 	<p>Significant impairments are:</p> <ul style="list-style-type: none"> i. Unexpected; ii. Outside a student’s control; and iii. Likely to impact the student for more than three (3) calendar days in the two (2) weeks preceding the assessment deadline.

Extenuating Circumstance and/or Significant Impairment	Supporting Evidence Required
<p>Medical condition, illness or injury <i>or</i> Physical trauma leading to impairment or incapacity</p>	<ul style="list-style-type: none"> • Medication Certificate section of the current form (Appendix 2 on Page 5); <i>or</i> • Medical Certificate provided by a registered medical practitioner which must include: <ul style="list-style-type: none"> ○ The name, register number and contact details of the medical practitioner, ○ Date of consultation, ○ The severity and duration of the medical issue, and ○ The practitioner’s opinion on the impact or effect of the impairment on the student’s study; <i>or</i> • Hospital Discharge Certificate; <i>or</i> • Letter(s) from a counsellor or other mental health practitioner; <i>or</i> • An accident report.
<p>Psychological trauma arising from an event, such as:</p> <ul style="list-style-type: none"> • Being the victim of a crime. • Extraordinary natural event (e.g., earthquake, bushfire or flooding). 	<ul style="list-style-type: none"> • Police report; <i>or</i> • Photographs of natural disaster impact.
<p>Personal hardship, significant loss or bereavement, such as:</p> <ul style="list-style-type: none"> • Death of an immediate family member. • Relationship breakdown when cohabiting. 	<ul style="list-style-type: none"> • Death Certificate; <i>or</i> • Bereavement notice.
<p>Active participation in elite sporting or cultural events, military service, or jury duty.</p>	<ul style="list-style-type: none"> • A letter from an organising body (e.g. sporting or cultural); <i>or</i> • Military documentation; <i>or</i> • Jury duty attendance documentation.

Ineligible Circumstances, Impairments and/or Events
<p>The following are not grounds for an extension or special consideration:</p> <ul style="list-style-type: none"> • Misreading the <i>Unit Guide</i>. • Organising conflicting travel arrangements. • Poor time management. • Social or ‘weekend’ sporting activities. • Loss of data or assessment work. • Workload, including study, paid/volunteer employment and on-going care-giving duties. • Planned events such as weddings or moving house. • Minor illness such as mild colds or minor injuries (such as mild sprains).



MEDICAL CERTIFICATE

This form can be used when a Medical Certificate is required as documentary evidence for an extension or special consideration application.

Please complete this form in BLACK INK using CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X).

For the full details of the *Special Consideration and Extension Policy and Procedure*, please visit:

<https://www.sitcm.edu.au/wp-content/uploads/Special-Consideration-andExtensionPolicyandProcedure220912-17.pdf>.

Patient Details

Given Name:

Surname:

Practitioner/Health Care Provider Details

Name:

Provider Stamp:

Title:

Provider Number:

Address:

Contact Number:

STAMP HERE

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

Practitioner/Health Care Provider Evaluation and Declaration

Date of consultation

D	D	/	M	M	/	Y	Y	Y	Y
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I certify that

PATIENT'S NAME

is/was unfit for study from

D	D	/	M	M	/	Y	Y	Y	Y	to	D	D	/	M	M	/	Y	Y	Y	Y
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Is/was the patient's condition severe enough that it prevents/prevented them from completing an assignment or an exam?

Yes

No

Further comments (optional):

Practitioner/Health Care Provider's Signature

Date

SIGN HERE

DATE HERE