## SPECIAL CONSIDERATION APPLICATION FORM

Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick boxes where appropriate.

Please post or hand deliver completed form to your School (PO Box 2287, Broome, WA, 6725) or email: broome.enquiries@nd.edu.au

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For a **FINAL INVIGILATED EXAM** please submit the completed form to your School NO LATER THAN THREE WORKING DAYS after the invigilated exam.

For a piece of **ASSESSMENT DURING SEMESTER** please submit the completed form to your Unit Coordinator NO LATER THAN THREE WORKING DAYS after the assessment due date.

You must attach documentary evidence from a third party, eg health professional or doctor, to support your application.

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### STUDENT DETAILS  This Section Must Be Completed

<table>
<thead>
<tr>
<th>Student Identification Number:</th>
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<tbody>
<tr>
<td><strong>TITLE</strong> eg. Mr/Ms/Mrs</td>
<td><strong>SURNAME/FAMILY NAME</strong></td>
<td><strong>GIVEN NAMES</strong></td>
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<tr>
<td>School:</td>
<td>Course:</td>
<td></td>
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<tr>
<td>Contact Details: Home:</td>
<td>Work:</td>
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<tr>
<td>Mobile:</td>
<td>Email:</td>
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### SPECIAL CONSIDERATION REQUESTED FOR:  (Ensure CORRECT unit code(s) & title(s) are written in BLOCK LETTERS)

<table>
<thead>
<tr>
<th>UNIT CODE</th>
<th>UNIT TITLE</th>
<th>ASSESSMENT DUE DATE</th>
<th>EXAM DATE &amp; TIME</th>
<th>LECTURER’S NAME</th>
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### DESCRIPTION OF CIRCUMSTANCES:  Please state the length of time your studies have been affected (in days, weeks or months). Indicate any specific requests. Attach extra pages if needed.

YOU MUST ATTACH SUPPORTING DOCUMENTATION, eg doctor’s certificate or letter from a health professional or counsellor.

Please tick appropriate box:

- [ ] Death or illness of immediate family member**
- [ ] Confidential personal crisis
- [ ] Personal or family trauma or crisis
- [ ] Other…………………………………………………………………

** Immediate family member: parent, sibling, spouse/partner or child

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I declare the details I have supplied to be true and correct.

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<tr>
<th>Student Signature:</th>
<th>Date:</th>
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Your School will assess your Special Consideration application and notify you in writing within fourteen days of receipt of your application.

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DO NOT USE the Special Consideration Application if you require an extension of time for submission of work – discuss this with your lecturer directly; an extension of time during examination(s) – submit an application before the published deadline to the Equity Officer; an irregularly scheduled/deferred examination – submit an application for an irregularly scheduled/deferred examination with supporting documentation to your School.

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### OFFICE USE:

<table>
<thead>
<tr>
<th>Approved</th>
<th>Not Approved</th>
<th>Informed Student Admin:</th>
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<tr>
<th>Signature of Approval:</th>
<th>Print name:</th>
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The University of Notre Dame Australia – Broome Campus • 88 Guy Street (PO Box 2287) Broome, Western Australia 6725
Tel: +61 8 9192 0600 • Fax: +61 8 9192 0690 • email: broome.enquiries@nd.edu.au • www.broome.nd.edu.au • CRICOS CODE: 01032F
Last updated 09/08/13 by U. Albert
CERTIFICATION OF HEALTH PROFESSIONAL OR COUNSELLOR
in support of an Application for Special Consideration

The University would be very grateful if you could complete this form on behalf of this student. It will provide the necessary supporting information to assist the University to decide on granting special consideration for this student's exam(s) or assessment(s). Your assistance is appreciated and the University would like to thank you for taking the time to complete this form.

**STUDENT DETAILS**  This Section Must Be Completed

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>TITLE eg. Mr/Ms/Mrs</td>
<td>SURNAME/FAMILY NAME</td>
</tr>
<tr>
<td>Semester:</td>
<td>Study Year:</td>
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The following examples indicate how medical conditions might disadvantage students at examination or at other times. You do not need to provide such reasoning unless the student requests this. Your certification will be taken into account, but the final decision will be made by the university.

- Severely disadvantaged at this examination: might be that the student had severe period pain requiring medication that had a sedative effect, in a background of previous problems with and management of period pain.
  - or, for example:
- Moderately disadvantaged at other times in their study: might be that the student had medically treated depression with some exacerbations and adjustment of treatment.

**CERTIFICATION**

1. The above named student consulted with me most recently on these dates

2. This student has been disadvantaged at their examinations:

   - Slightly
   - Moderately
   - Severely
   - Very Severely

   Date disadvantaged from: ____________________________ Date disadvantaged to: ____________________________

   Able to sit the exam(s):

   - Yes
   - No

3. This student has been disadvantaged at times other than or in addition to their examinations:

   - Slightly
   - Moderately
   - Severely
   - Very Severely

   Date disadvantaged from: ____________________________ Date disadvantaged to: ____________________________

   Able to study:

   - Yes
   - No

Is your opinion based on the history supplied by the student alone or supported by additional evidence?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

4. Please supply any relevant additional information relating to the ability of the student to prepare for or sit examinations and/or undertake other work for assessment other than examinations.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

**DECLARATION & DETAILS OF DOCTOR OR COUNSELLOR**

I certify that the above student has/has not (please delete inapplicable wording) consulted me on a number of occasions over _____ years. I certify that I have seen the above student regarding this matter recently and the information I have supplied is true and correct.

Signature: ____________________________ Date: ____________________________

Name: ____________________________

Address: ____________________________

Postcode: ____________________________ Day time Phone: ____________________________

DOCTOR’S/ COUNSELLOR’S STAMP