



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 1225, Fremantle, Western Australia 6959)

Please submit the completed form to your School NO LATER THAN FIVE CALENDAR DAYS after the date of the assessment deadline or scheduled examination and make sure that you have attached documentary evidence from a third party, eg health professional or doctor, supporting your application.

STUDENT DETAILS This Section Must Be Completed

Student Identification Number:

TITLE eg. Mr/Ms/Mrs SURNAME/FAMILY NAME GIVEN NAMES

School		Course:

Contact Details:

Home:	<input type="text"/>	Work:	<input type="text"/>
Mobile:	<input type="text"/>	Email:	<input type="text"/>

SPECIAL CONSIDERATION REQUESTED FOR: (Ensure CORRECT unit code(s) & title(s) are written in BLOCK LETTERS).

UNIT CODE	UNIT TITLE	ASSESSMENT DUE DATE	EXAM DATE & TIME	LECTURER'S NAME

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:

<input type="checkbox"/> Death or illness of immediate family member**	<input type="checkbox"/> Confidential personal crisis
<input type="checkbox"/> Personal or family trauma or crisis	<input type="checkbox"/> Other.....

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

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

Student Signature: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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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

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 **alternative/deferred examination time** – submit an application for an alternative/deferred examination with supporting documentation to your College.**

OFFICE USE:

Approved <input style="width: 95%;" type="checkbox"/>	Not Approved <input style="width: 95%;" type="checkbox"/>	Informed Student Admin: <input style="width: 95%;" type="checkbox"/>
Signature of Approval: <input style="width: 95%;" type="text"/>		Print name: <input style="width: 95%;" type="text"/>

Privacy Statement: The information provided in this form will be used for the purposes of, and in relation to, your potential enrolment at The University of Notre Dame Australia. Where the privacy principles apply, the University restricts access to those staff members who may need the information in the carrying out of their responsibilities in the academic and/or personal interests of the student. The University does not provide, by commercial arrangement or otherwise, the personal information of students or other stakeholders except in the following cases:
a) when authorised in writing to do so, and b) where required or authorised by law to government and regulatory authorities; credit reporting and fraud-checking agencies; to your authorised representatives (e.g. legal representatives).
Updated 5/5/08 by V Rossi



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

Student Identification Number:

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TITLE eg. Mr/Ms/Mrs

SURNAME/FAMILY NAME

GIVEN NAMES

Semester:		Study Year:	

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

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2. This student has been disadvantaged at their examinations:

ABLE TO SIT THE EXAM(S)

Slightly Moderately **DATE DISADVANTAGED FROM**

Yes No

Severely Very Severely **DATE DISADVANTAGED TO**

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

ABLE TO STUDY

Slightly Moderately **DATE DISADVANTAGED FROM**

Yes No

Severely Very Severely **DATE DISADVANTAGED TO**

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: _____

DOCTOR'S/
COUNSELLOR'S
STAMP

Postcode: _____ Day time Phone: _____