

Special Consideration Application

Burwood students: please submit completed form to dcoll-acadserv@deakin.edu.au

Geelong students: please submit completed form to dcoll-sasgeelong@deakin.edu.au

Please submit this form from your Deakin College email address.

When should you use this form?

- ✓ You have **missed an assessment or examination** because of **serious** circumstances beyond your control
OR
You undertook an assessment or examination but were prevented by **serious** circumstances beyond your control from performing to the best of your ability.
- ✓ The assessment or examination has **already taken place**.
- ✓ You are submitting the form within **3 working days** of the assessment or examination taking place.

DO NOT USE:

- ✗ Do not use this form if you need an extension of time to complete an assignment. Talk to your lecturer directly.
- ✗ Do not submit this form beyond 3 working days after the assessment or examination has taken place. It will not be accepted.
- ✗ Do not submit this form if the assessment or examination hasn't taken place yet. It will not be accepted.

What are the conditions for Special Consideration?

1. Appropriate circumstances for application can include **serious acute injury or chronic illness; bereavement** due to death of a close family member; or **significant hardship or trauma** caused, for example, by being a victim of a crime or natural disaster.
2. If applying on **medical grounds**, the **Deakin College Health Practitioner Certificate (page 3) must be completed**. Your practitioner must clearly state the nature and severity of your condition. Failure to have this section completed when applying on medical grounds will result in your application being rejected.
3. Applications relating to in-trimester assessment will be assessed by the Academic Coordinator. Applications relating to final examinations will be assessed by the Academic Manager.
4. You will be notified of the outcome of your Special Consideration application by email to your Deakin College email address. It is your responsibility to check your email account, including the spam folder.
5. If you submit your application to the wrong address or fail to complete your form correctly, it will not be processed and this may result in a lapse of the three working day deadline.
6. If you would like your application to be treated confidentially please advise reception that you require an appointment with a Student Counsellor as soon as possible.
7. **The granting of special consideration does not guarantee a passing grade. A percentage of no more than 10% may be applied to the mark gained for the relevant piece of assessment.**

ALL APPLICANTS MUST COMPLETE THIS STUDENT DECLARATION

I hereby apply for special consideration for the stated unit. I declare that the information I have provided in this application and on the attached documentation is true and correct in every detail. I authorise Deakin College to seek further information directly from the originating source if required. I have read the guidelines above and understand that granting of special consideration does not automatically lead to a passing grade for the unit.

To be completed by all students:

Family Name: Given Name:

Student ID (print CLEARLY): Mobile:

Course:

Student Signature: Date:

Reason for Special Consideration application: Medical; Psychological; Compassionate; Trauma/Hardship

Applications for special consideration based on medical or psychological grounds will NOT be considered unless a completed Deakin College Health Practitioner Certificate (page 3) is attached.

YOU MUST TICK RELEVANT BOXES IN THE SECTION BELOW. INCOMPLETE INFORMATION CANNOT BE ACCEPTED.

This application for Special Consideration is requested for:

- Final Exam Did you sit the Exam: YES NO
- Mid-trimester Test Did you sit the Test: YES NO
- Trimester Assignment/Assessment Title of Assignment:
Did you submit: YES NO
- Other Assessment Title of Assessment:

Unit Code	Unit Name	Trimester/Year	Due date/Exam date & time	Lecturer

This application will be evaluated on the information provided.

Comments:
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Please note: that if you are approved to sit a deferred exam, the exam must be undertaken at the designated date and time. Non-attendance will result in forfeiting the right to sit a deferred exam and application will be invalid.

Deakin College Health Practitioner Certificate

Purpose of this document

This document is to be used when applying for special consideration on medical grounds or psychological for examinations or other assessable work.
 Special consideration may be granted to students who are legitimately disadvantaged in their assessment due to circumstances beyond their control.
 For special consideration on **medical, health or psychological** grounds to be granted, Deakin College requires information to be provided by the practitioner. This is **to enable an assessment of the validity of the student's entitlement** to be made and, if the student is entitled, to determine what action, if any, should be taken. This form is used to provide this information.

Student Authority for Release of Information (to be completed by the student)

Student Name (BLOCK LETTERS):

Deakin College ID Number:

I hereby authorise the health practitioner to release the information given on this document and I authorise Deakin College to seek further information from the originating source.

Signature: Date:

Health Practitioner Section (all questions to be completed)

1. Practitioner/Provider's Name:

Provider Number:

Address/contact details (phone, email):

Provider's Stamp

2. Consultation Date:

3. Please indicate how your assessment of the student's condition was obtained (please tick):

Information provided by student Examination of student

4. Period during which the student has been/will be affected (inclusive):

From: To:

5. Determination of ability to sit for an assessment/examination (please tick):

UNABLE to sit/submit an assessment/exam during the dates listed above
 ABLE to sit/submit assessment/exam during the dates listed above

6. Condition is (please tick):

Mild **Severe**

7. Details of condition (only if necessary/required):

.....

Practitioner's Signature: **Date:**

OFFICE USE ONLY Date Received:

APPROVED NOT APPROVED

Name of Academic Manager/Coordinator:

Signature Date:
Academic Manager / Course Coordinator

Comments:
.....

Recorded by Academic Services

To be completed by Assessor

Special Consideration provided by:

Increasing the mark for this piece of assessment by%

Other (please comment below)

Comments:
.....

Name of Academic Manager/Coordinator:.....

Signature: Date:
Academic Manager / Coordinator

Student Notified Date: Lecturer Notified Date: