

# WESTERN SYDNEY UNIVERSITY



The College

## APPLICATION FOR SPECIAL CONSIDERATION

Please submit at Student Central or email through your application with relevant documentation attached to [studentcentral@westernsydney.edu.au](mailto:studentcentral@westernsydney.edu.au)

A student may apply for Special Consideration if they experienced misadventure or extenuating circumstances outside their control, and

→ it was sufficiently grave in nature or duration, and

→ it caused significant disruption to their capacity to study effectively or complete unit requirements.

→ **Students must submit a DRAFT copy of the assessment task with the special consideration application.**

**Note: Incomplete or incorrect applications will not be processed.**

### 1. TYPE OF ASSESSMENT

<input type="checkbox"/> Hand in assessment	Have you submitted the hand in assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', a draft copy of the assessment task must be included with the special consideration application.		
<input type="checkbox"/> In class assessment	Did you sit for the in class assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Final exam	Did you sit for the final exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 2. PERSONAL DETAILS

Student ID number	Telephone	
Family name	Given names	
<input type="checkbox"/> Diploma	<input type="checkbox"/> University Foundation Studies	<input type="checkbox"/> Associate Degree
Course name		
Campus		

### 3. ASSESSMENT DETAILS

Unit number			
Unit name			
Class teacher/tutor	Name of assessment task	Task weighting	Due date

### 4. REASON FOR APPLICATION

Evidence must be provided detailing the severity and/or gravity of the event and that it has disrupted previously satisfactory work during the term of enrolment.

<input type="checkbox"/> <b>Serious illness</b> Please attach doctor's certificate
<input type="checkbox"/> <b>Death or serious illness of immediate family member</b> Please attach a letter from a counsellor or doctor indicating the relationship of the family member to the student
<input type="checkbox"/> <b>Crisis/trauma</b> Supporting evidence may include a medical certificate or other letter from a counsellor, doctor, or police depending on the nature of the issue. There must be evidence to demonstrate the severity and/or gravity of the circumstance, in addition to the evidence that the misadventure has disrupted previously satisfactory work by a student during the term of the enrolment.
<input type="checkbox"/> <b>Unavoidable commitments</b> Examples are jury duty, court appearance, military reserve activities and, emergency service commitments. Please attach documentation showing compulsory attendance dates.
<input type="checkbox"/> <b>Selection to represent at international, national or state level in a sporting or cultural event</b> Please attach supporting documentation from state, national or cultural organisation advising of selection.
<input type="checkbox"/> <b>Other compelling reasons</b> Please attach supporting documentation. Specific details/compelling reasons are to be provided here:

## 5. EVIDENCE TO SUPPORT YOUR APPLICATION FOR SPECIAL CONSIDERATION

I have attached documentation to support this request for special consideration

List attachment(s):

## 6. STUDENT DECLARATION

I declare that the information provided by me on this form is true and correct. I also agree to the release of personal information about me for the purpose of assessing this application.

Signature

Date (dd/mm/yyyy)

The College time/date

Office use only

## 7. OUTCOME OF THE APPLICATION FOR SPECIAL CONSIDERATION – OFFICE USE ONLY

- No action – Special consideration has been denied
- Average marks for similar tasks used to calculate an average (does not apply to final exam)
- Extension granted until (applies to hand in assessment task only)
- “I” grade (Incomplete) to be resolved no later than next census date (applies to Final Exam only)
- “R” grade (Re-assessable fail) (applies to Final Exam only)
- Complete a post exam on (applies to Final Exam only)
- Complete a different assessment task on (applies to In class assessment only):
- Circumstances taken into consideration – The marks achieved in this assessment task will be compared to your performance in other assessment tasks and moderated if necessary

Comment/recommendations:

Staff member's name

Position

Signature

Date (dd/mm/yyyy)

In providing my personal information to The College, I understand that, other than as authorised by law, The College will only use this information for the purposes for which it is being collected in accordance with the College's functions and activities associated with my enrolment. In some instances, the College may need to disclose information to any government department which administers, or has authority regarding, education or immigration policy and law and any other government agencies (state, territory or federal), an affiliated entity of the College, or to third parties for the purposes of recovering unpaid The College fees or other debts owed to the College, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and The College policies.

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