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

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Have you submitted the hand in assessment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand in assessment</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>In class assessment</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Final exam</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

If ‘No’, a draft copy of the assessment task must be included with the special consideration application.

### 2. PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Student ID number</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td></td>
</tr>
<tr>
<td>Given names</td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>University Foundation Studies</td>
</tr>
<tr>
<td>Course name</td>
<td></td>
</tr>
<tr>
<td>Campus</td>
<td></td>
</tr>
</tbody>
</table>

### 3. ASSESSMENT DETAILS

<table>
<thead>
<tr>
<th>Unit number</th>
<th>Unit name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class teacher/tutor</td>
<td>Name of assessment task</td>
</tr>
<tr>
<td>Task weighting</td>
<td>Due date</td>
</tr>
</tbody>
</table>

### 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.

- **Serious illness**
  - Please attach doctor’s certificate

- **Death or serious illness of immediate family member**
  - Please attach a letter from a counsellor or doctor indicating the relationship of the family member to the student

- **Crisis/trauma**
  - 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.

- **Unavoidable commitments**
  - Examples are jury duty, court appearance, military reserve activities and, emergency service commitments. Please attach documentation showing compulsory attendance dates.

- **Selection to represent at international, national or state level in a sporting or cultural event**
  - Please attach supporting documentation from state, national or cultural organisation advising of selection.

- **Other compelling reasons**
  - 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

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)