



Special Consideration application form (in-semester assessment task)

version 1/09

This form is to be used by enrolled students applying for special consideration for in-semester assessment tasks such as assignments, in-semester tests, laboratory classes or continuous assessment tasks such as art folios.

Before filling in this form, check the in-semester special consideration procedures of the faculty teaching the unit affected.

For an ongoing illness, please contact the Disability Liaison Unit (DLU) for assistance - students with disabilities, chronic medical conditions and short term injuries can request alternative arrangements for academic assessments under the separate Alternative Arrangements for Assessment policy.

Eligibility

A student whose work during a teaching period has been affected by illness or other exceptional cause beyond their control.

The accepted causes are:

- **acute illness** - eg hospital admission, serious injury, severe asthma, severe anxiety or depression. Does not include minor illness such as a mild cold.
- **loss or bereavement** – eg death of a close family member, family relationship breakdown.
- **hardship/trauma** - eg victim of crime, sudden loss of income or employment, severe disruption to domestic arrangements.

Special consideration can also apply to:

- students demonstrating relevant obligations to military or jury service or service to emergency services such as the Country Fire Authority, and
- elite athletes registered with Monash Sport's athlete support program participating in a key event.

Outcomes

Outcomes resulting from a successful request for special consideration will be determined by the Faculty responsible for teaching the unit. A mark adjustment will not be made under any circumstances.

Closing Dates

Submit your application no later than two University working days after the due date of the affected piece of work.

Faculty-specific requirements and lodgement details

For information specific to the requirements of the faculty teaching the unit and details on where to lodge this form you must refer to:

<http://www.monash.edu.au/exams/special-consideration.html>

Supporting Documentation

Supporting documentation must be provided and can include one or more of the following:

- evidence provided by medical practitioners. Medical certificates must state that the student was unable to sit the examination on the relevant date or complete work for assessment on or before the relevant date. Where a student has applied for special consideration in more than one semester, the Faculty is entitled to seek from the student the details of specific medical conditions suffered.
- evidence provided by other professionals who are registered with a professional body, such as social workers, lawyers and psychologists. Such certificates must state that the student was unable to sit the examination on the relevant date or complete work for assessment on or before the relevant date. Where a student has applied for special consideration in more than one semester, the Faculty is entitled to seek from the student the details of specific conditions suffered.
- death notice or certificate;
- a police report;
- notification including the start and finish dates of:
 - * Defence Reserve Service from the Defence Reservist's Military Unit;
 - * jury service from the Juries Commissioner's Office;
 - * obligations to emergency services, from organisations such as the Country Fire Authority ;
 - * notification of participation in a key sporting event from Monash Sport's elite athlete support program;
- statutory declarations from students or relevant people.

Note: Access to sensitive/confidential material in these applications is limited to designated University personnel.

Privacy Statement

The information on this form is collected for the primary purpose of assessing applications for special consideration. Other purposes include: to decide the form of special consideration to be granted, monitor special consideration applications, send any necessary correspondence in relation to the application, and to assess compliance with the special consideration policies and procedures. The information on this form may be retained by the University for the duration of your enrolment.

If you choose not to complete all the questions on this form, it is unlikely that the faculty will grant your application for special consideration. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on +61 3 9905 6011.

RECEIVED									
Student ID:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
Tracking Number:	<hr style="border: 0; border-top: 1px solid black; width: 100%;"/>								

SECTION A. PERSONAL DETAILS. TO BE COMPLETED BY STUDENT.

Student ID number

Contact phone number: Monash University email:

Title: Family Name: Given Names:

Unit code Unit title

Name of Examiner/Lecturer/Tutor

SECTION B. ASSESSMENT DETAILS. TO BE COMPLETED BY STUDENT.

Assessment task details (Assignment, folio, project, class test, lab work, project, exercise etc)

Date due _____

Reason for requesting special consideration _____

Nature of special consideration being sought: _____

I declare that the information provided by me is **true and complete**. I acknowledge that Monash University reserves the right to confirm the information provided and may vary or reverse any decision regarding special consideration on the basis of incorrect or incomplete information. I hereby give consent for the University to contact my treating practitioner and/or other person or organisation named in any supporting documentation to confirm/clarify the information provided and for the practitioner or other person/organisation to provide information relevant to my request for special consideration. I agree to provide a more specific consent to disclosure of the information should this be required by the organisation.

Signed _____ Date _____

SECTION C. TO BE COMPLETED BY EXAMINER/LECTURER/TUTOR.

This special consideration application is:
Not approved Approved Approved with conditions or penalty (see below)

Special consideration is given:

Extended submission date _____

Details of conditions or penalty if applicable _____

Other (eg. Additional assessment) _____

Signature of Examiner/Lecturer/Tutor _____ Date _____ - _____