



SPECIAL CONSIDERATION APPLICATION

A23

If you have had your course work or assessment affected by illness or other serious cause to such an extent that you have been substantially disadvantaged in the assessment of your learning, you can apply for Special Consideration using this form. Your application must be supported by relevant documentation that is attached to this form (see the instructions below).

To complete this application, please read carefully the information and instructions below.

REASONS FOR SPECIAL CONSIDERATION:

- **Death of an immediate family member**
- **Medical reasons** (either yourself or someone in your immediate family)
- **Personal trauma or crisis** (eg. victim of crime, severe disruption to domestic arrangements)
- **Serious illness or psychological condition** (eg. hospital admission, serious injury/illness, severe anxiety or depression)
- **Loss or bereavement** (eg. death of close family member, family/relationship breakdown)

If you are in doubt as to whether your circumstances qualify as grounds for Special Consideration, please contact Counselling Services on +61 3 9919 2399 (St Albans campus), +61 3 9919 8801 (Footscray Nicholson campus), or +61 3 9919 4418 (Footscray Park campus) and arrange to speak to a counsellor.

DO NOT USE THIS FORM IF YOU REQUIRE:

- **Extension of time for submission of work** - submit an *Application for assignment extension* to the lecturer/teacher in charge of that Unit of Study/module (form available from your Faculty office).
- **Extension of time during examination** - submit an approved *Extension of time for examination application* to your Faculty office at least 14 working days prior to the commencement of the Examination period.
- **Alternative examination time** - if you have a legitimate reason for being unable to attend a scheduled examination, submit an approved *Alternative examination time application* to a Student Service Centre at least 7 days prior to the commencement of the Examination period.
- **Special examination** - if you were unable to attend a scheduled examination as a result of illness or other unexpected personal reason, submit a *Special examination application* to your Faculty office.
- **Assistance for permanent ongoing disability** - if you have an ongoing disability or medical illness and require assistance, you must register with Disability Services. For details see www.vu.edu.au/disability

INSTRUCTIONS:

1. Complete this application, indicating your reasons and for how long your studies have been affected. Make sure you complete the Student Checklist on Page 2.
2. **Provide relevant supporting evidence** with your application (eg. police report, death notice/certificate, letter from religious leader, Statutory Declaration). If you prefer to keep your reasons confidential, you are advised to see a VU Counsellor (contact details above) or a Non-VU Counsellor or Health Professional, as appropriate (see "Certification of Health Professional" on page 4 of this form) and discuss with them whether they are able to support your application.
3. You must submit **two copies** of your completed application and **one copy** of the supporting documentation directly to your Faculty/School office for your course. The second copy will be stamped and returned to you as the receipt.
4. You will need to submit a separate application for each Faculty/School to which your Units of Study/modules belong.
5. You must submit this application **no later than three working days** after the due date of the specific piece of assessment for which you are seeking Special Consideration **OR** if you are applying for Special Consideration **in more than one Unit of Study**, then you must submit the application no later than three working days after the last scheduled piece of assessment for **all** Units of Study listed on the application.
6. **If it is impossible for you to submit this application within the three working day time limit**, you or your representative must contact a Student Advisor from the Student Advisory Service on +61 3 9919 8801, 9919 2399 or 9919 4418 for further information and assistance. A Student Advisor may lodge a late application on your behalf based on exceptional circumstances regarding substantial disadvantage.

OUTCOME OF THIS SPECIAL CONSIDERATION APPLICATION: Your Faculty/School will assess your Special Consideration application and **notify you in writing within five working days of making a decision. For more information about procedures and methods of application, please contact your Faculty/School office.**

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STUDENT CHECKLIST

Have you....

- read the Special Consideration information on Page 1?
- discussed the application with your lecturer/teacher/tutor?
- met with a Counselling Services counsellor (if applicable)? (contact details on page 1 of this form)
- attached ALL the documentary evidence (for example: completed Certification of Health Professional (p.4), Police report, death notice/certificate, letter from religious leader or other appropriate person, Statutory Declaration)?
- completed the Grounds for Your Application section indicating how and the length of time the illness/difficulty has affected your studies?
- specified the piece(s) of assessment or Unit(s) of Study for which you are seeking Special Consideration?
- submitted two copies of the application and one copy of the supporting documentation to your Faculty/School NO LATER THAN THREE WORKING DAYS after the due date of the specific piece of assessment to which this application applies OR no later than 3 working days after the due date of the last scheduled piece of assessment for ALL Units of Study listed on this application?

Please write in BLOCK LETTERS using a black or blue pen.

FIRST NAME: _____ STUDENT ID: S _____

FAMILY NAME: _____ INTERNATIONAL STUDENT? YES NO

OTHER NAMES: _____ STUDY YEAR/SEMESTER: 20 _____ Sem

COURSE NAME: _____ COURSE CODE: _____

MAILING ADDRESS - have you changed your address? If so, please also submit a A11 Personal details amendment

STREET NUMBER AND NAME: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

COUNTRY: _____ DAYTIME/MOBILE PHONE: _____

For Alternative Examination Time applications contact the Student Service Centres at

Enquiries	ASKVU www.vu.edu.au/askvu	City Flinders	Footscray Park	Sunshine
Phone	+613 9919 6100	Footscray Nicholson	Newport	St Albans
Web	www.vu.edu.au/students	City King		

PRIVACY INFORMATION

The personal information we collect on this form is for the purpose of enabling you to enrol in your chosen course of study and for Victoria University to deliver that course and related services to you.

You can access your personal information by contacting us at www.vu.edu.au/askvu or +613 9919 4000.

We collect your personal information in accordance with the Privacy Statement for students (<http://www.vu.edu.au/sites/default/files/student-connections/pdfs/students-information-privacy-collection-statement.pdf>) and the Privacy Policy (wcf.vu.edu.au/GovernancePolicy/PDF/POU090123000.PDF).

I REQUEST SPECIAL CONSIDERATION IN THESE UNIT(S) OF STUDY (ensure **correct** Unit of Study codes and titles are written in **block letters**)

UNIT OF STUDY CODE	TYPE OF ASSESSMENT	UNIT OF STUDY TITLE	NAME OF LECTURER/TEACHER	ASSESSMENT DUE DATE

GROUND(S) FOR YOUR APPLICATION (STUDENT TO COMPLETE, ATTACH EXTRA PAGE IF NECESSARY)

- ATTACH THE RELEVANT SUPPORTING DOCUMENTATION (as indicated in the instructions) AND/OR THE CERTIFICATION BY YOUR HEALTH PROFESSIONAL (Medical Certificates will not be accepted)
- Death of immediate family member Medical reasons (either yourself or someone in your immediate family)
 Family trauma or crisis Confidential personal crisis
 Personal trauma or crisis (support to be provided by Health Professional, VU Counsellor or other appropriate professional)
 Other (please state): _____

Please state the length of time (in days, weeks or months) **your studies have been affected:** _____

Additional information
 Please provide information about how the event(s) have impacted on your studies and provide details of the specific request(s) you are making:

I have read the accompanying information and instructions and the Privacy information on page 2 of this form and declare the information supplied is true and correct.

STUDENT SIGNATURE: _____ **DATE:** / /20

**SUBMIT TWO COPIES OF THE COMPLETED FORM AND ONE OF THE SUPPORTING DOCUMENTATION AT YOUR FACULTY / SCHOOL OFFICE
 OFFSHORE STUDENTS SUBMIT AT YOUR SITE OF STUDY**

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FOR COMPLETION BY A HEALTH PROFESSIONAL OR NON-VU COUNSELLOR
 MEDICAL CERTIFICATES WILL NOT BE ACCEPTED

CERTIFICATION IN SUPPORT OF APPLICATION:

[PLEASE COMPLETE ALL SECTIONS AND PLEASE PRINT CLEARLY]

1. The student named above consulted with me on the following dates: _____
2. This student has been disadvantaged at their examinations: _____
 VERY SEVERELY SEVERELY MODERATELY SLIGHTLY ABLE TO SIT EXAM/S? YES NO
DATE DISADVANTAGED FROM: _____ **DATE DISADVANTAGED TO:** _____
3. This student has been disadvantaged at times other than or in addition to their examinations:
 TOTALLY VERY SEVERELY SEVERELY MODERATELY SLIGHTLY ABLE TO STUDY? YES NO
DATE DISADVANTAGED FROM: _____ **DATE DISADVANTAGED TO:** _____
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: I certify that I have seen the above student and the information supplied is true and correct.

SIGNATURE: _____ **DATE:** / /20

NAME (BLOCK LETTERS): _____

HEALTH PROFESSIONAL'S
STAMP

ADDRESS: _____

DAYTIME PHONE: _____

FACULTY / SCHOOL - OFFICE USE ONLY

UNIT OF STUDY CODE	TYPE OF ASSESSMENT (exam, assignment, test, other)	ACTION RECOMMENDED by LECTURER/TEACHER (use relevant code, as detailed)	ACTION TAKEN DECISION OF ASPB OR CHAIR, ASPB (Student Assessment Policy, 4.2.6.4) (use relevant code, as detailed)	RELEVANT CODES
				MM - Moderated, grade adjusted mid-semester M - Moderated, alteration to final grade SA - Supplementary (further) Assessment granted to applicant ET - Extend Time, for completion and submission of assessment NA - No Action deemed appropriate or necessary

SIGNATURE: LECTURER / TEACHER (as above)
NAME:.....**POSITION:**.....**SIGNATURE:**.....**DATE:**

SIGNATURE: CHAIR, ASSESSMENT AND STUDENT PROGRESS BOARD (ASPB) / or nominee
NAME: **FACULTY:** **SIGNATURE:** **DATE:**

FACULTY ACTION: Student notified of decision (within 5 working days) and details of the appeal process on (date)..... by.....