

This form should be used by UniSA students who wish to apply for special consideration because their academic performance during the final assessment or examination for a course was affected by unexpected or exceptional circumstances.

The application must be lodged at Campus Central no later than five working days after the scheduled examination date or deadline for submission of the final assessment.

Please read the instructions carefully to ensure you meet the requirements.

### More Information

#### Grounds for Special Consideration

The policy on special consideration is in Section 7 of the University's *Assessment Policies and Procedures Manual* at: <http://www.unisa.edu.au/policies/manual>.

A student can only apply for special consideration if all of the following criteria are met:

1. The student **did** attend the final examination and/or **did** submit the final assessment for the course
2. The student's academic performance in the final examination or assessment was affected by unexpected or exceptional circumstances.
3. The circumstances occurred either during the examination, or during the preparation time leading to the examination or deadline for submission of the final assessment.
4. The student is able to provide supporting documentation with their application

#### Applying for Special Consideration

- The student must complete and sign Part A of this form
- Original documents to provide as evidence:
  - For **medical circumstances**, the student must attach:
    - An original medical certificate or letter on letterhead from a registered treating medical practitioner, registered health practitioner or approved specialist, depending on the nature of the condition.  
**NB:** Forms completed by other health professionals will not be accepted.
  - For **compassionate circumstances**, the student must attach:
    - Part B of this form completed by a Learning and Teaching Unit counsellor who had prior knowledge of the student and their circumstances, **OR**
    - An original medical certificate or letter on letterhead from a registered treating medical practitioner, registered health practitioner or approved specialist, depending on the nature of the condition.  
**(NB: Forms completed by other health professionals will not be accepted), OR**
    - A letter from a person qualified to assess and support the application (eg Clergy providing grief counselling), **OR**
    - A certificate from a funeral director, or death notice
  - For **special circumstances** refer to Section 7 of the *Assessment Policies and Procedures Manual* <http://www.unisa.edu.au/policies/manual> and attach appropriate supporting documentation to this application.

#### Please Note

- If a student has already had a variation to an assessment due to an existing disability or illness, the same grounds cannot be used to request special consideration, unless the disability has been compounded by an unexpected change or an additional condition.
- All applications for special consideration will be referred to the Course Coordinator for a decision.
- Supporting documentation will not be accepted from a relative or personal friend of the student, or friend of the student's family.
- Documents provided as supporting documentation must be original documents that can be verified if questions arise concerning their authenticity.
- Applications must be lodged at Campus Central **no later than five working days** after the scheduled examination date or the deadline for submission of the final assessment. The Director: Student and Academic Services can waive this timeframe where circumstances have prevented the student from lodging the form within the specified timeframe.

#### Decision and notification of outcome

The Course Coordinator will make a decision within five working days of receiving your application.

If you are granted an alternative examination, Campus Central will send you an email to confirm your enrolment in an examination and refer you to the examination schedule on the University website.

## Application for Special Consideration (Final Assessment/Exam)

If you are granted an alternative assessment, the Course Coordinator will notify you in writing of the details of the assessment task, including the revised assessment submission date.

**Further information** is available from Campus Central.

### Part A

#### Personal details

Student ID:

Mr/Miss/Ms/Mrs:

First name(s):

Family name:

Date of birth:

Contact No:

#### Program details:

Program code:

Program title:

#### Course 1

Study Period:

Subject Area/  
Catalogue No:

Date of Exam/  
Assessment:

Course Title:

State whether  
Exam / Assessment:

Office Use Only:

#### Course 2

Study Period:

Subject Area/  
Catalogue No:

Date of Exam/  
Assessment:

Course Title:

State whether  
Exam / Assessment:

Office Use Only:

#### Course 3

Study Period:

Subject Area/  
Catalogue No:

Date of Exam/  
Assessment:

Course Title:

State whether  
Exam / Assessment:

Office Use Only:

#### Course 4

Study Period:

Subject Area/  
Catalogue No:

Date of Exam/  
Assessment:

Course Title:

State whether  
Exam / Assessment:

Office Use Only:

#### Existing Variation

A disability or illness for which a variation has already been made will not be accepted as grounds for this application unless the disability has been compounded by an unexpected change, or an additional condition.

Is there an existing variation for the course(s) listed above (eg elite athlete or Disability Access Plan):

Yes, and it relates to this application

Yes, but it does *not* relate to this application

No

# Application for Special Consideration (Final Assessment/Exam)

## Grounds for requesting a special consideration assessment and/or examination

(please be as concise as possible)


## Supporting documentation attached to this application

Medical circumstances

An original medical certificate or letter on letterhead from a registered treating medical practitioner, registered health practitioner or approved specialist, depending on the nature of the condition.

**NB:** Forms completed by other health professionals will not be accepted.

Compassionate circumstances

Part B of this form completed by a Learning and Teaching Unit counsellor who had prior knowledge of your circumstances, **OR**

An original medical certificate or letter on letterhead from a registered treating medical practitioner, registered health practitioner or approved specialist, depending on the nature of the condition, (**NB:** Forms completed by other health professionals will not be accepted), **OR**

A letter from a person qualified to assess and support the application (eg Clergy providing grief counselling), **OR**

A certificate from a funeral director, or death notice.

Special circumstances (see policy for examples of evidence that may be provided)

## Student Declaration

I declare that

the above information is complete, true and accurate,

**I attended** the final examination and/or **submitted** the final assessment for the course(s) listed above

I have read and understand the guidelines on page 1 of this form, and

**I understand that if my application for special consideration results in the approval of a secondary assessment or examination, I will not be able to defer this secondary assessment or exam for a second or subsequent time.**

I authorise my treating medical practitioner, health practitioner, approved specialist or LTU counsellor to release any relevant information necessary to the University in support of my application for special consideration

Student Signature:

Date:

## Part B – For application on compassionate grounds

This part is to be completed by a Learning and Teaching Unit counsellor who has prior knowledge of the student and their circumstances.

This part provides support for an application for special consideration based on grounds other than medical. Special consideration enables the Course Coordinator to consider a variation to the assessment, marking or final grade for a student if they have experienced unexpected or exceptional circumstances that have significantly impacted on their performance in a final assessment or examination.

An authority to release information is included in the student declaration in Part A of this form. Information provided will only be used for the purposes of assessing eligibility for special consideration.

I, \_\_\_\_\_, a Learning and Teaching Unit counsellor, certify

that on \_\_\_\_/\_\_\_\_/\_\_\_\_, (date of consultation) I consulted with

\_\_\_\_\_ (student's name). In my opinion, there were

unexpected and exceptional circumstances which affected this student's academic performance for the period

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (both dates inclusive). In my opinion this student's circumstances affected

the following studies :

## Application for Special Consideration (Final Assessment/Exam)

	Not at all	Minimally	Moderately	Severely
Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

### Declaration

I declare the above information is complete, true and accurate.

Signature:

Official stamp:

Date:

### LODGING YOUR APPLICATION

**Applications must be lodged at Campus Central no later than five working days after the examination date or the deadline for submission of the final assessment.**

**If the unexpected or exceptional circumstances also have an impact on your ability to complete and lodge the form within the specified timeframe, you may write to the Director: Student and Academic Services at the earliest opportunity requesting that the five day time limit be waived.**

#### In person

##### **City East**

Campus Central  
Level 3  
Playford Building

##### **Mawson Lakes**

Campus Central  
Ground Floor  
A Building

##### **City West**

Campus Central  
Ground Floor  
Yungondi Building

##### **Mount Gambier**

Regional Centre Office  
Wireless Road  
Mount Gambier SA 5290

##### **Magill**

Campus Central  
Level 1  
B Block

##### **Whyalla**

Campus Central  
Ground Floor  
Main Building  
111 Nicolson Avenue  
Whyalla Norrie  
SA 5608

#### By post

University of South Australia  
Campus Central – (name of campus)  
GPO Box 2471  
Adelaide SA 5000

#### By fax

City East	+61 8 8302 2466
City West	+61 8 8302 0590
Magill	+61 8 8302 4090
Mawson Lakes	+61 8 8302 3550
Mount Gambier & Whyalla	+61 8 8647 6082

### OFFICE USE ONLY

#### Campus Central

Application tracked in SharePoint

Forwarded to Course Coordinator DD / MM

Evidence to support application attached

Date Received:

Date processed:

Received by:

Processed by:

#### Course Coordinator

**It is the Course Coordinator's responsibility to notify the student within five working days of receiving this application, of the outcome of the application, except where a special consideration exam has been granted. In this case, Campus Central will notify the student. Please return this form to Campus Central along with copies of any correspondence with the student.**

Sub Area / Cat No:

Course Title:

No action (original result stands)

Alternative assessment

Adjustment to the assessment mark

Replacement assessment

Extension of time to complete assessment

Special Consideration examination

Details of special consideration, if approved:

## Application for Special Consideration (Final Assessment/Exam)

	<input type="checkbox"/> Campus Central notified of examination (if applicable)
Course Coordinator name:	
Signature:	Date:

### Campus Central

Date received from Course Coordinator:	
<input type="checkbox"/> Application tracked in SharePoint	<input type="checkbox"/> Secondary Assessment flagged (if required)
<input type="checkbox"/> Student notified (if secondary examination)	<input type="checkbox"/> All paperwork placed in student's file
Processed by:	Date processed:

### Director: Student and Academic Services

Comments:	
Signature:	Date: