

### WHO SHOULD USE THIS FORM?

Open Universities Australia students may use this form to apply for special consideration if you believe your academic performance in the final assessment or examination for a course was affected by unexpected or exceptional circumstances.

### GROUNDINGS FOR SPECIAL CONSIDERATION

The policy on special consideration is in section 7 (clause 7.4) of the University's Assessment Policies and Procedures Manual at: <http://www.unisa.edu.au/policies/manual/default.asp>.

A student can only apply for special consideration if they meet **all** the criteria below:

1. The student did attend the final examination and/or did submit the final assessment for the course
2. The student's academic performance was significantly impacted 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 documentary evidence to support their application

**NB.** If a student has already had a variation (or alternative arrangements made) to an assessment due to an existing disability or illness, the same grounds cannot be used to request special consideration, unless it is compounded by an unexpected change in the condition or an additional condition.

### APPLYING FOR SPECIAL CONSIDERATION

1. The student must complete and sign Part A of the form
2. For **medical circumstances**, the student must attach:
  - a. An original certificate or letter on surgery letterhead from a medical or dental practitioner, a registered psychologist or a psychiatrist, depending on the nature of the illness **OR**
  - b. Part B completed by a treating registered medical/dental practitioner, psychologist or psychiatrist.  
**NB:** Forms completed by other health professionals will not be accepted
3. For **compassionate circumstances**, the student must attach:
  - a. An original stamped medical certificate from a registered treating medical or dental practitioner, or psychologist **OR** a letter from a registered psychologist **OR** a person of standing within the community.
  - b. Part C completed by a Learning and Teaching Unit Counsellor who had prior knowledge of the student and their circumstances.  
**NB:** Supporting evidence must not be provided by a member of the student's family.
4. For **other special circumstances** refer to the Assessment Policies and Procedures Manual section 7 (clause 7.8.4) at <http://www.unisa.edu.au/policies/manual/default.asp> and submit part C of this application.
5. Applications must be lodged with the OUA Student Advisers **no later than FIVE working days** after the examination date or the final assessment submission deadline. (Only the Director: Student and Academic Services can waive this timeframe).

**NB:** If you live in a remote location, you can submit your form by fax or email, but you will still need to submit the original documents and your application will not be processed until received. The original documents must reach the OUA Student Advisers within 15 days of the date of the examination date or the final assessment submission deadline.

6. All applications for Special Consideration will be referred to the Course Coordinator for decision.

### DECISION AND NOTIFICATION OF OUTCOME

The Course Coordinator or delegate will advise the student via email within five working days of the outcome of their application for special consideration. Where the outcome involves an alternative assessment task, the Course Coordinator or delegate will include in the email details of the work to be completed and its due date. If this involves a deferred assessment/examination, a copy of the email will be sent to the OUA Student Advisers.

**FURTHER INFORMATION** is available from the OUA Student Advisers.

**LOGGING DETAILS: REFER TO PAGE 5 OF APPLICATION FORM**

**OUA Application for Special Consideration**  
Final Course Assessment or Examination

**PART A – To be completed by the student**

**Personal details:**

Student ID:

Mr/Miss/Ms/Mrs:  First name(s):

Family name:

Date of birth:  Contact No:

Mailing address:

Suburb and Postcode:

**Program details:**

Program code:  Program title:

**Course details:**

| Study period | Unit code | Unit name | State whether <i>Exam</i> or <i>Assessment</i> | Date of <i>Exam</i> or <i>Assessment</i> |
|--------------|-----------|-----------|--|--|
|              |           |           |  |  |
|              |           |           |  |  |
|              |           |           |  |  |

**Existing variations:** (where there is an existing variation, the form will be referred to the Course Co-ordinator for consideration.)

Is there an existing variation for the course(s) listed above (eg elite athlete or student disability access plan): Yes  No

*\* If 'yes', complete Part A only and lodge form with the OUA Student Advisers.*

**Grounds for requesting special consideration** (be as concise as possible):

**Supporting documentation to be attached to this application** (tick relevant box):

For **medical circumstances**:

a. An original certificate or letter on surgery letterhead from a medical or dental practitioner (including Provider Number), a registered psychologist or a psychiatrist, depending on the nature of the illness **OR**

b. Part B completed by a registered treating medical/dental practitioner, psychologist or psychiatrist.

For **compassionate circumstances** as per section 7.7.3 in policy <http://www.unisa.edu.au/policies/manual/default.asp>.

For **other special circumstances** as per section 7.8.4 in policy <http://www.unisa.edu.au/policies/manual/default.asp>

**Student declaration and authority to release information:**

I declare that the above information is complete, true and accurate, **that I attended the final examination and/or submitted the final assessment** for the course listed above, and I have read and understand the guidelines on page 1.

I authorise my treating medical/dental practitioner or psychologist/counsellor to release any relevant information necessary to the University of South Australia in support of my application for special consideration

Student's signature:  Date:





