

Application for Special Consideration Final Course Assessment or Examination

WHO SHOULD USE THIS FORM?

Undergraduate and postgraduate (coursework) 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 Connection 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 at Campus Central **no later than FIVE working days** after the examination date or the final assessment submission deadline. (Only the Director: Student & Academic Services can waive this timeframe).
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 Campus Central.

FURTHER INFORMATION is available from Campus Central.

LOGGING DETAILS: REFER TO PAGE 5 OF APPLICATION FORM

Application for Special Consideration

Final Course Assessment or Examination

PART A – To be completed by the student

Personal details:

Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Miss/Ms/Mrs:	First name(s):								
Family name:									
Date of birth:	Contact No:								

Program details:

Program code:	Program title:
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Course details:

Study period	Area/Catalogue No.	Course title	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 Campus Central.*

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:
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OFFICE USE ONLY			
Campus Central			
Date received at Campus Central:		Entered on spreadsheet: Yes <input type="checkbox"/>	
Forwarded to Course Coordinator(s)*: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date:	Initials:
*Copy to be sent to each relevant Course Coordinator			
Course Coordinator			
Course code:	Course title:		
Special consideration approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	If approved, secondary assessment flagged: Yes <input type="checkbox"/>		
Student notified of outcome: Yes <input type="checkbox"/>	Campus Central notified (if examination): Yes <input type="checkbox"/>		
Details of special consideration if approved:			
Signature:		Date:	

LODGING DETAILS

In person

City East Campus Central
Level 3
Playford Building

City West Campus Central
Ground Floor
Yungondi Building

Magill Campus Central
Level 1
B Block

Mawson Lakes Campus
Central
Ground Floor
A Building

Mount Gambier
Regional Centre Office
Wireless Road

Whyalla Campus Central
Ground Floor
Main Building

By post

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