

HEFOR10 Special Consideration (Assessment) Form

SECTION A: Preamble

1. This form is to be used when applying for special consideration where academic performance is compromised due to unexpected or extenuating circumstances. Please read the *HEPP82 Special Consideration Policy and Procedure* before completing this form.
2. Special Consideration applications will be considered by the *Unit Convenor* or *Course Coordinator* in consultation with the *Academic Director* and teaching staff, where necessary.
3. Students requiring an extension of time **longer than 7 working days** must complete this form, **prior to the assessment due date**.
4. Student requesting Special Consideration due to failure to submit or complete an assessment must do so, **no more than 3 working days** following the assessment due date.
5. Student will be notified via his/her **student email address**, of the outcome of the application. The process for consideration of the student's application for Special Consideration will be completed within **5 working days** from lodgement of the application.

A student applicant is required to **ensure completion of Section B to D (and E, if applicable)**, including:

1. Details of the assessment for which you are applying for special consideration. **A separate form** is required for separate/additional assessments.
2. Explain the grounds for special consideration.
3. Provide supporting documentation such as a medical certificate, financial statements etc., to support your application. If you are applying on medical/psychological grounds, **student must ensure** that the impact assessment statement in **Section E** of this form is completed by an independent, qualified practitioner who is treating the condition.
4. Sign and date the student declaration.

SECTION B: Student Details	
Given Name:	Surname:
SCEI-HE Student ID No.:	Mobile No.:
SCEI-HE Email Address:	
SECTION C: Assessment for Which Special Consideration is Sought	
Course Code:	Course Title:
Unit Code:	Unit Title:
Unit Convenor:	
Assessment Type: <input type="checkbox"/> Final Assessment <input type="checkbox"/> Others (Essay/Report/Presentation etc.)	
Assessment Name:	Due Date:
Requested Adjustment:	
<input type="checkbox"/> Extension of Time <input type="checkbox"/> Deferred Assessment <input type="checkbox"/> Equivalent Assessment <input type="checkbox"/> Supplementary Assessment	
Proposed New Date (if applicable): _____	



SECTION D: Grounds for Application and Declaration

Grounds for special consideration:

1. A detailed statement of the grounds for your application – whether medical or non-medical – must be provided here and/or attached.
2. Supporting documentation/evidence of the situation and the impact of this circumstance on your ability to study or undertake the required assessment/s must also be attached.

By signing this form, I acknowledge that I have read and agree with the privacy and confidentiality statement. I authorise SCEI-HE to seek further/additional information from my health practitioner or provider, etc. (whichever is applicable) to verify the claims made in my application.

Student Signature: _____

Date: _____

SECTION E: To Be Completed by Practitioner or Health Care Provider (For Medical/Psychological Grounds Only)

Practitioner's Name: _____		Provider Stamp/Number: _____
Address: _____		
Signature: _____	Date: _____	

Medical Health Practitioner Assessment

On _____ (date of consultation) I, _____ (name) a registered medical/health practitioner, examined _____ (student name) with identification ID _____ (passport/student ID no.).

Description of IMPACT of the Student's Medical Condition	Additional Information	Dates Affected
1. Able to travel/attend? <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> As determined above. <input type="checkbox"/> Dates from _____ to _____
2. Able to do sustained reading, note-taking and writing? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, able to work: <input type="checkbox"/> as usual. <input type="checkbox"/> moderately less than usual. <input type="checkbox"/> significantly less than usual.	<input type="checkbox"/> As determined above. <input type="checkbox"/> Dates from _____ to _____
3. Able to perform a task requiring intense concentration for 1-2 hours? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, able to complete: <input type="checkbox"/> as usual. <input type="checkbox"/> significantly less than usual.	<input type="checkbox"/> As determined above. <input type="checkbox"/> Dates from _____ to _____



SECTION F: Office Use Only
(To be completed by either the Course Coordinator or the Unit Convenor in consultation with the Academic Director and teaching staff, where necessary)

Application Approved?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Extended Assessment Due Date (if applicable): _____	
Staff Name:	Staff Signature:	Date:

SECTION G: Administration *(To be completed by the SCEI-HE student administration)*

Received by:	Staff Signature:	Received Date:
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DOCUMENT AND RECORD CONTROL

Created	2017 (V1.0)
Amended	Feb 2022 (V1.1); Oct 2023 (V1.2)
Reviewed by	-
Approved by	Academic Board
Version	1.2
Effective date	October 2023
Next planned review	October 2024