Southern Cross Education Institute
Higher Education

530-538 Victoria Street, North Melbourne, VIC, 3051, Australia.
155-161 Boundary Road, North Melbourne, VIC, 3051, Australia.
41 Boundary Road, North Melbourne, VIC, 3051, Australia.
14-16 Grote Street, Adelaide, SA, 5000, Australia.

Email: info@scei-he.edu.au
Web: www.scei-he.edu.au
Phone: +61 3 9602 4110 (Melbourne) / +61 8 8212 8745 (Adelaide)

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 Supplementary Assessment and 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*, 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. Students requesting Special Consideration due to failure to submit or complete an assessment must do so within two (2) calendar days following the assessment due date.
5. Students will be notified via their **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 the lodgement of the application.

A student is required to **ensure completion of Sections 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, the **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: ☐ Final Assessment ☐ Others (Essay/Report/Presentation etc.)	
Assessment Name:	Due Date:

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Requested Adjustment:

☐ Extension of Time ☐ Deferred Assessment ☐ Equivalent Assessment ☐ 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.*

Describe:

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:	

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