



APPLICATION FOR SPECIAL CONSIDERATION

INSTRUCTIONS: Please read carefully before completing this application

1. The eligibility and procedure for special consideration is detailed in Student Assessment and Complaints and Appeals Policies and Procedures, located on the College website.
2. This application **must be lodged** with the College no later than 5pm on the third working day after the submission date for a piece of assessment/exam for which Special Consideration is claimed.
3. To be eligible for Special Consideration (which includes Special Examination) a student must meet one of the following criteria below:
 - 3.1 At any time, a student's study during the academic year has to a significant degree been hampered by illness or other extraordinary cause; or
 - 3.2 A student has been prevented by illness or other extraordinary cause from preparing or presenting for all or part of a component of assessment such as assignments and examinations; or
 - 3.3 A student has been, to a significant degree, adversely affected by illness or other extraordinary cause during the performance of a component of assessment; and
 - 3.4 A student has met all other mandatory criteria necessary for successful completion of the subject (e.g. submitting all other mandatory assignments, etc).

The application will be considered on the basis of the evidence presented to support the case, provided that:

- The completed and signed application form is lodged no later than 5.00pm of the due date of the assessment; and
- The circumstances (illness or extraordinary cause) were reasonably beyond the student's control; and
- The circumstances (illness or extraordinary cause) significantly hampered the student's performance; and
- The appropriate supporting documentation is attached to the application and Part E has been signed and stamped by a Medical practitioner and/or Counsellor.

OTHER RELEVANT INFORMATION

If the student is unable to submit the form by the deadline, they must ensure that the Student Administrator be so advised (by telephone, fax, email or in person).

An application made after the relevant date, or not on the approved form, may be lodged with the College for evaluation by the Course Coordinator/Teacher. In circumstances where the Course Coordinator/Teacher is satisfied that it was not possible for the application to have been made on the prescribed form or on an earlier date, the application will be evaluated. It should be anticipated, however, that **late application will not normally be accepted.**

The Department will advise student of the outcome of this application within five (5) days of receipt of the application

Please complete Personal Details in BLOCK LETTERS:

PART A		PERSONAL DETAILS	
STUDENT ID NUMBER			
FAMILY NAME			
GIVEN NAME(s)			
Other Names			
ADDRESS			
SUBURB		POSTCODE	
TELEPHONE		MOBILE	
EMAIL ADDRESS			
COURSE CODE			
Course NAME			

PART B		COURSE ENROLLED IN	
Course Code	Course Title	Start Date	

PART C		Unit(s) for which Special Consideration is applied	
Unit Code	Unit Title	Assignment or Assessment	Existing Due Date

Reason for application for Special Consideration:

Please attach all documentary evidence

PART D		STUDENT DECLARATION	
<p>I hereby apply for Special Consideration for the above units of study. I declare that the information I have provided in this application and on the attached documentation is true and correct in every detail. Where a medical certificate and/or supporting statement is attached, I authorise Hays International College to seek information directly from the originating source. I have read and understand the guidelines printed on this form.</p>			
Student Signature		Date	

DEPARTMENT RESPONSE

PART E		MEDICAL PRACTITIONER or COUNSELLOR ADVICE (Provided in Confidence)	
<p>Examination affected by medical condition/other condition In my opinion the student was disadvantaged at all or some examinations <i>(please tick appropriate box and specify period)</i></p> <p><input type="checkbox"/> totally, unable to sit exam(s) – specify period _____</p> <p><input type="checkbox"/> severely, unable to sit – specify period _____</p> <p><input type="checkbox"/> moderately, but able to sit – specify period _____</p> <p><input type="checkbox"/> slightly, but able to sit – specify period _____</p> <p>Other assessment and/or examination preparation affected by medical condition/other condition <i>(please tick appropriate box and specify period)</i></p> <p><input type="checkbox"/> severely _____ <input type="checkbox"/> moderately _____ <input type="checkbox"/> slightly _____</p> <p>Ongoing disadvantage caused by medical condition/other condition In my opinion the student’s condition will continue to cause disadvantage <i>(If this item is completed the student will be informed of Disability Services)</i></p> <p><input type="checkbox"/> For the predicted period ending _____ <input type="checkbox"/> ongoing _____</p>			

DEPARTMENT RESPONSE

PRIVACY: Hays International College collects, uses and destroys your information with our Privacy Policy, which can be found on the College website. All applications for Special consideration will be treated as strictly confidential.

DEPARTMENT TO SUBMIT COMPLETED AND SIGNED ORIGINAL FORM TO STUDENT ADMINISTRATOR WITHIN 2 DAYS OF APPROVAL

PART G		To BE COMPLETED BY Course Coordinator	
Department:		Date Received:	
Staff Meeting Date:			
Special Consideration Outcome <i>(please circle ONE)</i>		APPROVED eligible for special assessment/assignment/coursework	NOT APPROVED <i>Reason must be given</i>
APPROVED : Give details of Special Consideration granted for each unit of study applied for, e.g. permitted to resit examination (state deadline by which resit or coursework is due).			
Unit Code	Unit Title	Assessment or Assignment	Outcome/Due Date
NOTE:	Failure to submit work by the set due date(s) will result in a grade of NYC.		
NOT APPROVED : Reason/Comments:			
Name of Course Coordinator:			
Signature:		Date:	
Student notified in WRITING of Outcome by Name:		Date:	

PART F	MEDICAL PRACTITIONER or COUNSELLOR DECLARATION	FROM	TO
Specify period of Special Consideration due to Medical Condition			
Medical Practitioner's name: Counsellor's name:		Telephone: Telephone:	
Medical Practitioner's Signature and Stamp:			

For Office use only:

From received by (initials) _____ Date _____
 Course Coordinator (signed) _____ Date _____
 Comments:

Response received by (initials) _____ Date _____
 Outcome sent to Student (initials) _____ Date _____
 Teacher Informed (initials) _____ Date _____
 DEF' entered on Database (initials) _____ Date _____
 Filed (initials) _____ Date _____