

## Request for Special Consideration (Serious Illness or Misadventure affecting Assessment)

### What is special consideration?

Special Consideration is the use of academic judgement to determine if a student's performance in an assessment item has been affected by illness or misadventure.

Special Consideration is only considered if circumstances of a serious nature, normally at least 3 days duration, have:

- prevented the student from submitting an assignment
- prevented a student from completing an examination
- affected the student's performance through the semester
- affected the student's performance in an examination

### Under what circumstances may I apply for special consideration?

Students may apply for special consideration if they:

- serious illness or injury, where a medical certificate states that the student was unable to attend classes
- bereavement of close family members such as parents or grandparents
- major political upheaval or natural disaster in the home country requiring emergency travel and this has impacted on the student's studies
- a traumatic experience which could include involvement in, or witnessing of a serious accident; and witnessing or being the victim of a serious crime and this has impacted on the student
- any other circumstance would require evidence to be considered as compassionate or compelling

### What evidence do I need to submit?

You need to complete and submit this form to INSEARCH Study Success Advisers. The professional authority section (page 3) of this form **must be completed and signed** by a:

- registered medical practitioner
- registered psychologist or registered counsellor
- other professional authority
- minister of religion (only if religious commitments have impacted on ability to do assessments)
- or employer (in active services only).

AND be a professional's true opinion of the student's ability to continue with their studies. Professionals should NOT state what a student advises but what they observe to be correct.

Documentation such as medical report, death notice or certificate, police report or statutory declaration may be attached to this form. If you do not wish details of your illness or circumstances to be disclosed on this form, the Study Success Advisers will keep your documentation on a confidential file.

The **severity and period of illness must be clearly stated** on the professional authority section. Backdated professional authorities and receipt for medical fees only will not be accepted.

A personal statement ONLY, outlining the circumstances is not sufficient evidence to have the application approved.

Student has option to submit supporting documentation in place of the professional authority section. If choosing this option:

- Student will need to ensure that supporting documentation is **original and on official letterhead** (if relevant) and is signed and dated. Alternatively, student may provide properly certified copies of the documentation.
- The supporting documentation should indicate clearly:
  - the date student's circumstances first began
  - how the circumstances affected student's ability to study
  - the period (specifying from which date to which date) that the student has been affected by the circumstances
  - the severity of the impact

Documentation in language other than English must be accompanied by an English version that is translated by a certified NAATI translator.

If you **missed an examination** due to illness or misadventure, you must submit a Request for Special Examination form (Foundation and Diploma students only)

**Deadline for lodging an application for special consideration**

1. The **Professional Authority section/supporting documentation must be signed and dated** no later than the date of the assessment.
2. **Documents must be lodged no later than 5 working days after the date of the assessment was due.**
3. You need to lodge this form with the Study Success Adviser on: Level 4, 187 Thomas Street (Blue building) Haymarket.
4. All requests for Special Consideration must be lodged **NO LATER THAN FRIDAY OF THE FINAL EXAM PERIOD IN THAT TEACHING PERIOD.**



INS0035

UTS:INSEARCH Student ID Number

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# INSEARCH

**Personal details section:**

Student No: _____	<b>Program:</b> _____
Last Name: _____	Given Name: _____
Mobile No: _____	Home No: _____
Address: _____	Email Address: _____

**Special consideration is sought for the following subjects and assessment items:**

Subject Name / Class	Assessment Item (E.g., mid-semester or final exam, class test, assignment, presentation, project)	Assessment Due Date	Subject Coordinator / Level leader

**Student statement** (You may provide details of your reasons for requesting for special consideration. Attach another page if needed)

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**Do you intend attending class during the special consideration period?**  YES  NO

**Do you intend submitting assessments for the special consideration period?**  YES  NO

**Informed consent**

I understand that my request for special consideration requires certain information from a registered professional authority (such as registered medical practitioner, psychologist, and minister of religion or counsellor) about my illness or misadventure. To this end, I authorise that person to provide INSEARCH with information requested in the professional authority section of this form.

***I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information. I certify that, to my best knowledge the information supplied on this form is complete and correct.***

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Study Success Advisers use only:**

Date received: _____	<input type="checkbox"/> Application meets requirements
Processed by: _____	<input type="checkbox"/> Email notification to student <input type="checkbox"/> Email notification to PM

## Request for Special Consideration (Illness or Misadventure affecting Assessment)

**Professional authority section:**

To be completed by a registered medical practitioner, psychologist, minister of religion, or counsellor, for a student whose work or performance in an assessment item or items, including examinations, has been affected by illness or other cause. Such causes include:

- serious illness or psychological condition;
- bereavement;
- hardship/trauma

Your help in providing information about the student's illness or misadventure is appreciated. This will help INSEARCH make a fair and informed assessment of the student's academic performance. The information you provide on this form will be used solely to assess this application.

Date/s of consultation: \_\_\_\_\_ Student Name: \_\_\_\_\_

Please indicate your evaluation of the severity, duration and effect on the student's ability to attend classes, learn, retain and/or complete assessment requirements:

Severity (please tick appropriate boxes)	✓✓	Specify period/duration	
		From	To
Totally unable to study			
Severely affected			
Moderately affected			
Unable to assess			

REMARKS: Nature of illness, symptoms, restrictions on capacity or functionality and other relevant information. Attach additional documentation if necessary.

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Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone No: \_\_\_\_\_

Provider No: \_\_\_\_\_

Stamp \_\_\_\_\_

I authorise INSEARCH to contact my office or me to confirm authenticity of this document.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Request for Special Consideration (Illness or Misadventure affecting Assessment)

### Assessment of application – INSEARCH office use only

Please read the information provided on this request form when assessing if special consideration should be granted and tick the box/es below as appropriate. The information that you provide may be used to assess applications for an appeal against a grade.

Special Consideration has been granted for the period: \_\_\_\_\_ to \_\_\_\_\_

- Due to a condition that has:
- Totally unable to study
  - Severely affected
  - Moderately affected

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Special Consideration has NOT been granted (provide details below)

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Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**All forms must be lodged with Study Success Advisers.**

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