

APPLICATION FOR SPECIAL CONSIDERATION (EXAMINATIONS/ASSESSMENT)

FOR CANDIDATES WHO BELIEVE THAT THEIR ACADEMIC PERFORMANCE IN AN ASSESSMENT/EXAMINATION HAS BEEN ADVERSELY AFFECTED BY ILLNESS OR OTHER CAUSES.

PLEASE NOTE: Requests for Special Consideration will not be acknowledged

(PLEASE USE BLOCK LETTERS)

STUDENT NUMBER	FAMILY NAME	OTHER NAMES

MAILING ADDRESS: _____ POST CODE: _____

PHONE (Day)	PHONE (Evening)
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EMAIL Address: _____

This form is to be lodged within a reasonable time before or as soon as possible after the scheduled date of the assessment/examination.

SECTION A	To be completed by student		
Courses for which special consideration are sought			
Course Code	Course Title	College responsible*	Exam/assessment Date

*The College responsible means College office for undergraduate students and for postgraduate coursework students this means the College office or the academic area responsible for your program.

Your completed form is to be presented to each of the Colleges responsible for the course(s) listed above. Where more than one College is involved, the originals of your supporting documentation will be sighted, photocopied and signed-off on the original form against the examination for which they are responsible. The last College involved will retain the original form and supporting documents.

<i>Office Use Only - Delegated Authority or College Dean to Approve</i>	
Approved:	Not Approved:
Print Name:	Signature:
Date:	

REQUEST FOR SPECIAL CONSIDERATION (EXAMINATIONS)

The University wishes to ensure that students are adequately and fairly assessed in each course.

This form is to be used for examinations conducted by the Examinations and Graduations Office on behalf of the Colleges responsible for the courses listed on official Examinations Timetables. In addition to these examinations, this form may be also be used for an assessment/examination conducted within your academic area e.g. tutorial examinations and/or other forms of assessment.

If you believe that your academic performance has been affected by illness or other causes, then you should complete this form and lodge it with the College responsible for the course(s) listed on this form. They will photocopy your form and supporting documentary evidence, before returning it to you, so that you may take the form to the next College. **Section B is for use by health professionals and/or ANU Disability Advisors who are aware of your illness or other reasons for requesting special consideration. You may present separate supporting documentation from any relevant independent person (or authority) including health professionals. However, this additional documentation should contain information relevant to the information requested in Section B.**

A request for special consideration (consideration whilst marking the assessment/examination paper) should be submitted before the scheduled date of the assessment/examination unless it relates to a problem which arose during the examination, in which case it should be submitted immediately after the examination.

If you were ill during the examination you should have notified the invigilator at once and followed up with appropriate documentation from medical practitioner or counsellor etc as soon as possible. Failure to have taken these precautions may lead to your request not being approved.

The granting of a request for special consideration is **not automatic** and is at the discretion of the College responsible.

Mr Tim Beckett
Registrar
21/11/2008

SECTION B *(is for the use by health professionals who are aware of your illness or other reasons for requesting special consideration)*

TO BE COMPLETED BY MEDICAL PRACTITIONER / COUNSELLOR / ANU DISABILITY ADVISOR ETC (PLEASE USE BLOCK

Student No.	Family Name	Other Names
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Date on which student was seen: _____

Date of first onset: _____

Expected duration of illness or other causes (days/weeks/indefinite): _____

Your assessment of the severity of the illness or other causes (please tick as appropriate).

Mild Moderate Severe Other (Please Specify)

Nature of illness/problem/disability and likely affect on academic performance: **PLEASE USE BLOCK LETTERS**

IMPORTANT

In your opinion, does this medical condition affect this student's performance when completing the assessment(s)/ examination(s) listed above.

YES **NO**

TO BE SIGNED BY MEDICAL PRACTITIONER, COUNSELLOR, ANU DISABILITY ADVISOR ETC.

Name: _____

Signature: _____ Date: _____

Address: _____

_____ Post Code: _____

Please affix your Practice Stamp or seal to certify authenticity