

Application for Special Consideration

You should complete this form when your participation in an assessment task or other assessable activity has been significantly hampered by exceptional and unforeseen circumstances beyond your control and where other processes are not applicable or are no longer possible because of the timing and/or severity of the circumstances.

If you are considering submitting an SC form, you may wish to contact [AskACU](#) for information and advice.

Ensure that you read and understand the [Assessment Procedures](#) and the [Special Consideration Procedures](#) prior to completing the form as there are several circumstances where a different method is available for an application for consideration or adjustments.

Your completed application should be submitted to the relevant School Office.

Received/...../.....
 Office use only

Section A Personal Details

Student ID

Family Name _____

Given Name(s) _____

Course _____ Campus _____

Contact phone _____

Your ACU email _____

Section B Special Consideration is sought for the following assessment tasks

| Unit Code | Unit Title | Lecturer in Charge | Assessment Task | Due Date |
|-----------|------------|--------------------|-----------------|----------|
| 1. | . | . | . | . |
| 2. | . | . | . | . |
| 3. | . | . | . | . |
| 4. | . | . | . | . |

Please provide details of your reason/s for applying for Special Consideration (attach another page if required).

For health-related matters Section D Professional Authority Certificate has been completed by a registered professional.

For non-health related matters please complete Section E and attach supporting documentation.

I have attached all required documentary evidence

ACU regularly checks supporting documents to verify their authenticity. Any submission of an altered or falsified supporting document will result in a finding of misconduct and a serious penalty.

Section C Informed Consent

I declare the information supplied in this application is correct and complete and that the documentary evidence supporting this application is authentic. I authorise the University to obtain further information with respect to my application and, if necessary, to confirm the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in a serious penalty.

NOTE: The outcome of this application will be advised via your ACU student email address. It is your responsibility to regularly check this account.

Student Signature *Not required if form is submitted from an ACU student email address*

Date

Section D Professional Authority

This form is used by students to apply for Special Consideration for assessable work in studies at Australian Catholic University. Approval of such applications will only be granted to students who are legitimately disadvantaged in their assessment due to exceptional and unforeseen circumstances beyond their control.

To enable an evaluation of the validity of the student's entitlement and to determine what action, if any, should be taken, the University requires that an assessment is provided on this form by a registered medical practitioner, psychologist, psychiatrist, dentist, physiotherapist or counsellor.

1. Student details and authority

Student ID

Family Name

Given Name(s)

Course

Campus

I agree to Australian Catholic University requesting verification of the information provided on this certificate, if deemed necessary.

Student Signature

Not required if form is submitted from an ACU student email address

Date

2. Professional Authority Certificate (to be completed by the attending practitioner)

Date of consultation/s (1) (2)

Confidential/sensitive in nature Yes No

Please provide an evaluation of the severity, duration and effect of the relevant circumstances on the student's ability to study. For the purposes of this certificate, study means attend classes, attend professional experience placements, learn, retain knowledge and/or complete assessment tasks.

| Severity | ✓ | From | To |
|-------------------------|---|------|----|
| Totally unable to study | | | |
| Very severely affected | | | |
| Moderately affected | | | |
| Slightly affected | | | |
| Unable to assess | | | |

Specify the nature of how the medical condition has had an impact on the student's ability to attend or undertake the assessment task/s.

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

Provider stamp

Practitioner's name (*please print*).....

Address

.....

.....

Telephone Provider number

Signature Date/...../.....

Section E Non-Health-Related Matters

Specify the nature of how the non-health- related circumstances have had an impact on the student's ability to attend or undertake the assessment task/s.

Please attach supporting evidence (where required) of the severity, duration and effect of the relevant circumstances on the student's ability to study. (Study means attend classes, attend professional experience placements and/or complete assessment tasks)



Section F Outcome of application – OFFICE USE ONLY
A. The following adjustments to assessment tasks have been approved (specify the units/ assessment tasks, outcome and revised due dates)

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B. Adjustment/s not approved for the following reasons:

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.....

.....

.....

Name

Signature
(Lecturer in Charge or Course Coordinator)
Date/...../.....

ADMINISTRATIVE USE ONLY

| | |
|---|---|
| Date Received / / | |
| Supporting Documentation Attached YES / NO | Student Advised of Outcome/...../..... |
| Name | |
| Signature | |

Notification of outcome

Other officers to whom a copy of the notification of outcome was provided:

- | | |
|--|---|
| <input type="checkbox"/> Lecturer(s) in Charge | <input type="checkbox"/> National Manager, Enrolments and Student Records |
| <input type="checkbox"/> Course Coordinator | <input type="checkbox"/> Other (please specify)..... |
| <input type="checkbox"/> Coordinator, Examinations and Results | |