



Student ID

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REQUEST FOR SPECIAL CONSIDERATION

Students must complete this form if you wish to seek consideration when illness or other significant circumstances have had an adverse effect on your academic performance. Applications for special consideration should be made with reference to the [Special Consideration Policy](#).

FORM COMPLETION

- Fully complete sections 1, 2, 3, and 4.
- Complete sections 5 or 6, and provide other relevant documentation, such as a medical certificate.
- If seeking consideration of 5 calendar days or less a medical certificate will be sufficient.
If you are seeking consideration on the grounds of illness for a period of more than 5 calendar days **Section 5 must be fully completed by a relevant medical professional**. Applications without completion of Section 5 will not receive assessment.

FORM SUBMISSION

- Applications must be submitted at the earliest possible date and usually within **three** University working days after the date the assessment/class/exam is due.
- If you are unable to submit the application within this period you must demonstrate exceptional circumstances that prevented you from doing so.
- All supporting documentation must be attached.
- Forms must be **lodged with your Advising Student Office, via askUWA using your student email address or in person**.

1. Personal Details

Family Name:	Given Name:
Daytime telephone:	Mobile:
Course:	Allocated Student Office:

2. Declaration and Confidentiality Statement

BEFORE YOU LODGE:

I hereby certify that the information contained is a true and accurate representation of my circumstances. I understand that:

- information provided as part of this application will be retained and managed confidentially, and only discussed with appropriate staff of the University on an as needs basis;
- for my application to be successful I must provide clear evidence to substantiate the illness or other significant circumstances that have affected me and the likely adverse effect on my academic performance;
- assessors must observe the principles of equity and academic integrity;
- assessors who require additional information will not contact report providers or relevant professionals directly without my written consent;
- assessors may contact report providers or relevant professionals directly to verify the authenticity of the documents only;
- submission of fraudulent documents will be subject to disciplinary action;
- I will be notified by email of the outcome of my application, whether it has been successful or not, as soon as possible and in any case where practical within three University working days of receipt of all documentation relating to the application.

Signature _____ Date _____

OFFICE USE ONLY

Approved DE/WD applied on Callista Partially Approved Not Approved Ineligible

Name of Authorising Officer: _____

Signature of Authorising Officer: _____

Callista ID: _____

askUWA outcome Incident number: _____

Date: ____ / ____ / ____

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3. To be completed by the student:

Request codes: **EXT** – Extension
DMS - Deferred mid-semester exam
WD – Withdrawal without academic penalty (Note: any future enrolled unit/s with required prerequisites will also be withdrawn).
MTL- Waive non-attendance penalty for missed class
DE - Deferred Exam (only applicable for end semester exam)
EDEV – Exam timetable deviation (Clause 22 Policy)
O – Other (please explain)

Year	Semester	Unit Code	Request Code (See above)	Assessment/class /exam <u>due date</u>	Type of Assessment/class ie, essay, group assignment, lab, etc	% of final mark	Comment (Has assessment been attempted? What date?) (Has examination been attended? What date?)	Outcome Code (office use only)

4. Explanation for Application for Special Consideration

Please provide details of the circumstances that have caused the disruption to your studies. Please note, medical diagnosis or personal details are not required.

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5. Report Supporting Application for Special Consideration on Health Grounds

To be completed by Medical Practitioner or other health professional, including counsellor

Date of attendance: ____/____/____

Please indicate **one** of the following categories on which the application is based

- temporary condition**
 chronic condition
 temporary exacerbation of chronic condition

Assessment: In my opinion the student's medical condition or circumstances have affected /will affect the student in the areas and over the period(s) indicated

- Unfit to attend classes from.....to.....
 No capacity to study fromto.....
 Reduced capacity to study fromto.....

Further comments on student's capacity for study (optional):

Report Provider's Details

To be completed by the report provider

Name		Occupation
Signature	Date	Official Stamp (required*): *or Registration Number

6. Report Supporting Application for Special Consideration on other grounds

To be completed as appropriate by appropriate person able to provide objective assessment of the applicant's circumstances, e.g. religious leader, police officer/ recognised Elite Athlete representative

Date of report: ____/____/____

Please indicate the time period the student has been affected from ____ to ____ and provide relevant details for consideration

Report Provider's Details

To be completed by the report provider

Name		Occupation
Signature		Official Stamp (required)