



Application for special consideration

PERSONAL DETAILS

Please complete using blue or black ink.

Student name	Student no.
Contact no.	Date of birth
Program code	Program name
School	
International onshore student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program type: <input type="checkbox"/> Prep <input type="checkbox"/> VET <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Research	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	

This form is to be used when applying for special consideration in exams, tests or lab based assessments, or presentations. It is also to be used when applying for an extension of more than seven calendar days from the original due date for submission of assignments, projects, folios or essays.

Eligibility

Students may apply for special consideration on a range of medical, non-medical or compassionate grounds where they experience unexpected circumstances outside their control that have had a significant adverse impact which:

- prevented them from submitting assessable task/s; or
- prevented them from attending an examination/test; or
- substantially affected their performance in the above.

Special consideration is not intended to cover long-term physical or mental health conditions or disabilities. The application must clearly demonstrate that it meets the eligibility criteria as identified in section 4 of the *Assessment: adjustments to assessment procedure* at www.rmit.edu.au/students/specialconsideration. The granting of special consideration is not automatic but is decided on the basis of your application and the evidence supplied.

Note: Holidays and misreading the exam timetable are not grounds for special consideration. Grading consideration is not an outcome of special consideration.

This process does NOT apply to:

- students seeking an extension of seven calendar days or less from the original submission due date to submit assessment tasks. A separate *Application for extension of time for submission of assessable work* form (available from www.rmit.edu.au/students/forms) must be completed. These applications must be lodged with the school that offers the course no later than one working day before the assessment deadline.
- students seeking future assessment adjustment/s (FAA) in relation to future non-medical circumstances. A separate *Application for future assessment adjustment* form (available from www.rmit.edu.au/students/forms) must be completed and lodged four weeks before the scheduled assessment/s.
- research students' thesis courses. Higher degree by research students should contact their supervisor to discuss support.

INSTRUCTIONS

Lodgement options

Applications must be lodged no later than two working days after the due date of the earliest examination or assessment for which you are seeking special consideration.

If you are unable to obtain your supporting documentation by this deadline you must still lodge your application but include a statement advising that your supporting documentation will follow. You have a maximum of five working days from the date the application was lodged to submit your supporting documentation.

An application may be lodged:

- online at www.rmit.edu.au/students/specialconsideration
- at the Hub (or local administration office for offshore students)
- via email to special.consideration@rmit.edu.au
- via facsimile to +61 3 9925 8845
- via post to Special Consideration, Academic Registrar's Group, RMIT University, GPO Box 2476, Melbourne Vic 3001

Please **do not** complete a new application form when submitting supporting documentation. Attach a sheet to your supporting documentation listing your original application number, your student number, date of birth, family and given names when lodging by one of the methods listed. Please retain a copy of your application and supporting documentation.

Resit of assessments: Please note that if you apply to resit an assessment, no mark will be recorded for the first assessment: you will have to sit a deferred assessment to gain a mark and avoid a 0 fail mark for that assessment.

Applicants for special examination seating arrangements must contact the Disability Liaison Unit (see www.rmit.edu.au/disability) to

seek an equitable assessment arrangement at least four weeks before the assessment.

Completing this form

When using this form, please ensure you complete the following:

- Provide complete details for each assessment in a course for which you seek special consideration (Section A).
- Provide detailed reasons for your grounds for special consideration (Section B).
Supporting documentation – An application for special consideration **must** be accompanied by independent substantiating documentation written in English or accompanied by an accredited translation. If you are applying on medical/psychological grounds, you must ensure that the Impact assessment statement section of this form (page 4) is completed by an independent, qualified practitioner who is treating the condition.
- Sign and date the student declaration (Section C).

Your notification of application outcome will be sent within 10 working days via your RMIT student email account. It is your responsibility to check that account regularly and to ensure that it is able to receive mail.

Extensions of more than seven calendar days from the original due date for submittable work (e.g. assignments, projects, etc.): It is expected that you will continue to progress that work and submit it as soon as possible while your application is under consideration.

Late applications will only be considered in exceptional circumstances. Such applications must contain a detailed explanation of the reasons for being late, supported by documentary evidence of these reasons and must be submitted with your online application or application form.

More information

www.rmit.edu.au/students/specialconsideration.

SECTION A – Courses for which a special consideration is sought

COURSE 1

Course code	Catalogue number	Course title
For example:		
M	A	T H 1 2 3 4 C Introduction to Mathematics
Complete ONE of the following:		

(a) Examinations or tests only: Date of exam/test: _____ / _____ /20____	Is the assessment a formal exam or a test (tick one) Exam <input type="checkbox"/> Test <input type="checkbox"/>
Weight of assessment _____% (i.e. how much does this exam or test count towards your overall grade for this course?)	Requested adjustment (tick one) <input type="checkbox"/> deferred assessment <input type="checkbox"/> equivalent assessment (Note: grading consideration is not available.) Did you sit the exam/test? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Please note that if you apply to resit an assessment no mark will be recorded for the first sitting. You must sit a deferred assessment to gain a mark and avoid a 0 fail mark.
(b) Other assessment type: Due date of assessment: _____ / _____ /20____	Assessment type: <input type="checkbox"/> assignment <input type="checkbox"/> presentation <input type="checkbox"/> lab <input type="checkbox"/> other (please specify): _____ <input type="checkbox"/> online _____ <input type="checkbox"/> practical _____
Did you submit any of the work on the due date? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Is the work currently in progress? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Were you previously granted an extension (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Requested adjustment (tick one) <input type="checkbox"/> Extension of time proposed due date: _____ / _____ /20____ (more than 7 calendar days from the original due date) <input type="checkbox"/> deferred assessment <input type="checkbox"/> equivalent assessment
Weight of assessment _____% (i.e. how much does this exam or test count towards your overall grade for this course?)	Was the assessment (tick one) <input type="checkbox"/> individual <input type="checkbox"/> group work

COURSE 2

Course code	Catalogue number	Course title
For example:		
M	K	T G 1 0 4 1 Marketing communications
Complete ONE of the following:		

(a) Examinations or tests only: Date of exam/test: _____ / _____ /20____	Is the assessment a formal exam or a test (tick one) Exam <input type="checkbox"/> Test <input type="checkbox"/>
Weight of assessment _____% (i.e. how much does this exam or test count towards your overall grade for this course?)	Requested adjustment (tick one) <input type="checkbox"/> deferred assessment <input type="checkbox"/> equivalent assessment (Note: grading consideration is not available.) Did you sit the exam/test? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Please note that if you apply to resit an assessment no mark will be recorded for the first sitting. You must sit a deferred assessment to gain a mark and avoid a 0 fail mark.
(b) Other assessment type: Due date of assessment: _____ / _____ /20____	Assessment type: <input type="checkbox"/> assignment <input type="checkbox"/> presentation <input type="checkbox"/> lab <input type="checkbox"/> other (please specify): _____ <input type="checkbox"/> online _____ <input type="checkbox"/> practical _____
Did you submit any of the work on the due date? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Is the work currently in progress? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Were you previously granted an extension (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Requested adjustment (tick one) <input type="checkbox"/> Extension of time proposed due date: _____ / _____ /20____ (more than 7 calendar days from the original due date) <input type="checkbox"/> deferred assessment <input type="checkbox"/> equivalent assessment
Weight of assessment _____% (i.e. how much does this exam or test count towards your overall grade for this course?)	Was the assessment (tick one) <input type="checkbox"/> individual <input type="checkbox"/> group work

SECTION A – Courses for which a special consideration is sought

COURSE 3

Course code	Catalogue number	Course title
For example:		
C	O	S
C	2	2
2	7	
		Photography for the Technologists
Complete ONE of the following:		

<p>(a) Examinations or tests only: Date of exam/test: _____ / _____ /20_____</p>	<p>Is the assessment a formal exam or a test (tick one) Exam <input type="checkbox"/> Test <input type="checkbox"/></p>
<p>Weight of assessment _____% (i.e. how much does this exam or test count towards your overall grade for this course?)</p>	<p>Requested adjustment (tick one) <input type="checkbox"/> deferred assessment <input type="checkbox"/> equivalent assessment (Note: grading consideration is not available.) Did you sit the exam/test? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Please note that if you apply to resit an assessment no mark will be recorded for the first sitting. You must sit a deferred assessment to gain a mark and avoid a 0 fail mark.</p>
<p>(b) Other assessment type: Due date of assessment: _____ / _____ /20_____</p> <p>Did you submit any of the work on the due date? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Is the work currently in progress? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Were you previously granted an extension (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Assessment type: <input type="checkbox"/> assignment <input type="checkbox"/> presentation <input type="checkbox"/> lab <input type="checkbox"/> other (please specify): _____ <input type="checkbox"/> online _____ <input type="checkbox"/> practical _____</p>
<p>Weight of assessment _____% (i.e. how much does this exam or test count towards your overall grade for this course?)</p> <p>Was the assessment (tick one) <input type="checkbox"/> individual <input type="checkbox"/> group work</p>	<p>Requested adjustment (tick one) <input type="checkbox"/> Extension of time proposed due date: _____ / _____ /20_____ (more than 7 calendar days from the original due date) <input type="checkbox"/> deferred assessment <input type="checkbox"/> equivalent assessment</p>

COURSE 4

Course code	Catalogue number	Course title
For example:		
E	E	E
T	2	0
9	4	
		Computer network engineering
Complete ONE of the following:		

<p>(a) Examinations or tests only: Date of exam/test: _____ / _____ /20_____</p>	<p>Is the assessment a formal exam or a test (tick one) Exam <input type="checkbox"/> Test <input type="checkbox"/></p>
<p>Weight of assessment _____% (i.e. how much does this exam or test count towards your overall grade for this course?)</p>	<p>Requested adjustment (tick one) <input type="checkbox"/> deferred assessment <input type="checkbox"/> equivalent assessment (Note: grading consideration is not available.) Did you sit the exam/test? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Please note that if you apply to resit an assessment no mark will be recorded for the first sitting. You must sit a deferred assessment to gain a mark and avoid a 0 fail mark.</p>
<p>(b) Other assessment type: Due date of assessment: _____ / _____ /20_____</p> <p>Did you submit any of the work on the due date? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Is the work currently in progress? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> Were you previously granted an extension (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Assessment type: <input type="checkbox"/> assignment <input type="checkbox"/> presentation <input type="checkbox"/> lab <input type="checkbox"/> other (please specify): _____ <input type="checkbox"/> online _____ <input type="checkbox"/> practical _____</p>
<p>Weight of assessment _____% (i.e. how much does this exam or test count towards your overall grade for this course?)</p> <p>Was the assessment (tick one) <input type="checkbox"/> individual <input type="checkbox"/> group work</p>	<p>Requested adjustment (tick one) <input type="checkbox"/> Extension of time proposed due date: _____ / _____ /20_____ (more than 7 calendar days from the original due date) <input type="checkbox"/> deferred assessment <input type="checkbox"/> equivalent assessment</p>

Impact assessment statement – for a special consideration application on health/medical grounds

Note: This impact assessment statement (IAS) is the best way to establish medical/health grounds for a special consideration application. A standard medical certificate can also be accepted if it states the dates and nature of the impact. This IAS must be completed by the registered medical/health practitioner who treated you for the condition. You may also include other documentation such as a letter from the practitioner.

I agree to RMIT University contacting my medical/health practitioner as necessary to clarify the information provided below.

Student signature: _____ Date: _____

Medical/health practitioner assessment

On (date/s of consultation) _____

I, _____ (name) a registered medical/health practitioner, examined

STUDENT _____ Student ID: _____

and have determined that he/she is suffering from: _____
(condition to be stated with student's consent)

or the student reports that they are suffering from: _____

From ___ / ___ / ___ to ___ / ___ / ___

The condition is (please select as relevant): permanent infectious episodic/fluctuating deteriorating improving

Please indicate your professional assessment of the type and level of impact of the condition on the student's activities.

Description of impact of the medical condition	Additional information	Dates affected	From	To
1. Able to travel/attend No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the above →	___ / ___ / ___	___ / ___ / ___
2. Able to do sustained reading, note-taking and writing. No <input type="checkbox"/> Yes <input type="checkbox"/> →	If yes, able to work <input type="checkbox"/> as usual <input type="checkbox"/> moderately less than usual <input type="checkbox"/> significantly less than usual	<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the above →	___ / ___ / ___	___ / ___ / ___
3. Able to perform a task requiring intense concentration for 1-2 hours. No <input type="checkbox"/> Yes <input type="checkbox"/> →	If yes, able to complete <input type="checkbox"/> as usual <input type="checkbox"/> significantly less than usual	<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the above →	___ / ___ / ___	___ / ___ / ___

Additional information: please complete as needed

Practitioner signature		Date ___ / ___ / ___
Practitioner's stamp (as available)	Complete only for details not provided in the stamp	
	Practitioner registration number	
	Address of practice	
	Telephone number	
	Fax number / practice email contact	

PART 2 – Non-medical grounds

A detailed statement of the grounds for your application **must** be provided below and/or attached. Supporting documentation/evidence of the situation and the impact of this circumstance on your ability to study or undertake the required assessment/s **must** be attached.

SECTION C – Student declaration

I currently have an equitable assessment arrangement (EAA) in place with the RMIT Disability Liaison Unit: Yes No

An EAA is a proactive course assessment adjustment for a pre-existing condition. For more information see www.rmit.edu.au/students/equitableassessment.

I have previously been granted a school approved extension for this assessment: Yes No

I currently have a future assessment adjustment (FAA) in place: Yes No

Documentary evidence in support of my special consideration application:

is attached

OR

will follow. (Documentary evidence **must be submitted within five working days of your application.**)

I understand that my student email inbox must be able to receive incoming email, i.e. maximum storage limits have not been reached.

I declare the information provided by me is true and correct in every detail and that the Impact assessment statement section of this form (page 4) has been completed, where applicable, by an independent qualified practitioner. I acknowledge that RMIT University reserves the right to confirm the information provided and may vary or reverse any decision regarding special consideration on the basis of incorrect or incomplete information.

I understand that any resit of assessment I am granted means I will receive no mark for the first sitting and must resit the assessment to gain a mark and avoid a 0 fail mark for the assessment.

I give consent for the University to contact my treating practitioner and/or other person or organisation named in supporting documentation to confirm/clarify the information provided and for the practitioner or other person/organisation to provide information limited to the impact of the medical/health condition on my ability to complete the assessment tasks described in my application for special consideration. I understand that I may be asked to provide a more specific consent to disclosure of information should this be required by the University.

I also give consent for my supporting documentation to be referenced in any remissions process that I may initiate.

I understand that it is my responsibility to establish sufficient grounds for special consideration and to provide the evidence to support these grounds.

I understand that incomplete and unsupported applications cannot be considered by the University and that provision of false or misleading information is grounds for disciplinary action.

Student signature: _____ Date: _____