SAMPLE OF THE SPECIAL CONSIDERATION APPLICATION FORM

The information is for your reference only. You should complete the application form with your own personal information. The application form must be submitted in <u>its original full format</u> (PDF format and 5 pages including the blank page/s)



RMIT

Application for special consideration (Vietnam campus)

Section A - Personal details

RMIT student number s1234567	Date of birth (DD/MWYYYY) 01/10/2000		
Full name NGUYEN VAN A	Contact tel. number 0901234567		
Program code BP318 Program name BACHELOR OF DIGITAL MARKETING			
School OF BUSINESS AND MANAGEMENT			

Academic career (please tick one): Preparatory Vocational Education & Undergraduate Postgraduate Research Are you an international onshore student? (please tick one) Yes V No

Section B - Important information

Eligibility

Students may apply for special consideration on a range of medical or non-medical grounds where they experience unexpected circumstances outside their control which:

- prevent them from submitting assessable task/s or
- prevent them from attending an assessment task/s or
- substantially affect their performance in the above.
- The special consideration process is not intended for long-term physical or mental health conditions or disabilities.

The application must clearly demonstrate that it meets the eligibility criteria as identified in the Assessment and Assessment Revibility Policy and the Assessment Processes at **policies.rmit.edu.au**. The granting of special consideration is not automatic but is decided on the basis of your application and the evidence supplied.

- 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 to submit assessment work form (available from mit.edu.vn/students/my-studies/ assessment-and-exams/assessment) must be completed. These applications must be submitted to the school that offers the course no later than one working day before the assessment deadline.
- research students' thesis courses. Higher degree by research students should contact their supervisor to discuss support.

Section C - Instructions

Lodgement options

Applications must be submitted no later than five working days after the date/due date of the assessment for which you are seeking special consideration.

If you are unable to obtain your supporting documentation by this deadline you must still submit 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 submitted to provide your supporting documentation.

- An application may be submitted:
- via Student Connect portal
 via email to assessment.support@rmit.edu.vn.

Please retain a copy of your application and supporting documentation.

Applicants for adjustments to study and assessment conditions must contact Equitable Learning Services (see **rmit.edu.m/** students/support/wellbeing-support/equitable-learningservice) to be assessed for eligibility for an Equitable Learning Plan.

More information

rmit.edu.vn/students/my-studies/assessment-and-exams/ special-consideration

Completing this form

- When using this form, please ensure you complete the following: 1. Provide complete details for each assessment in a course for
- which you seek special consideration (Section D). 2. Provide a detailed statement of your grounds for special

consideration (Section G). Supporting documentation – Your application must be accompanied by independent substantiating documentation written in English or accompanied by an accredited translation. If you are applying on medical/psychological grounds, we recommend that the Impact assessment statement section of this form (page 4) is completed by an independent, qualified practitioner who is treating you.

3. Sign and date the student declaration (Section H).

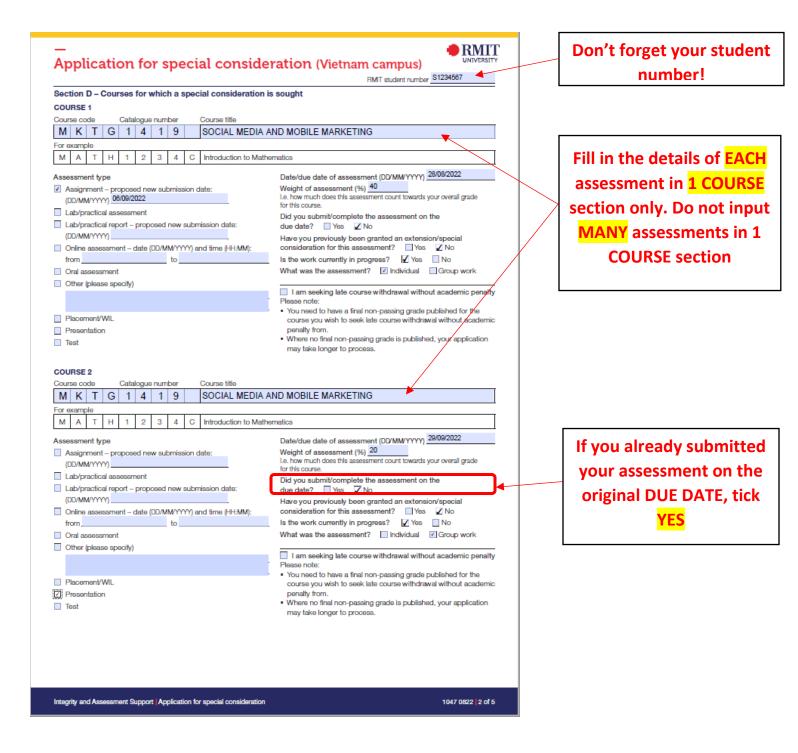
Your notification of application outcome will be sent within 10 working days to your FIMIT student email account. It is your responsibility to check that account regularly and ensure it is able to receive mail.

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 if compelling or compassionate reasons are evidenced. Such applications must contain a detailed explanation of the reasons for being late, supported by documentary evidence of these reasons. Complete SECTION A with your personal details and tick the relevant boxes

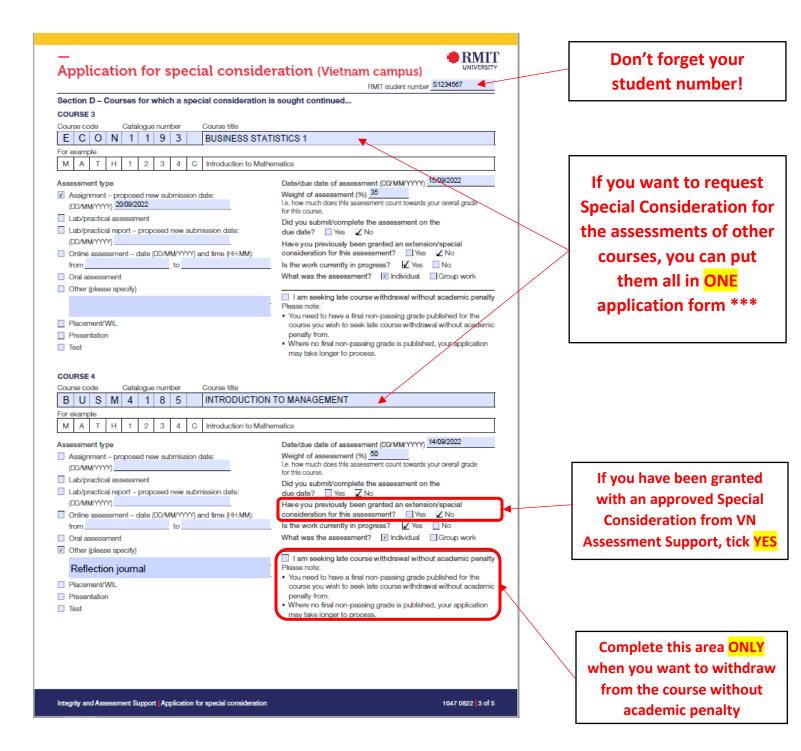
You're highly suggested to carefully read through SECTION B and SECTION C

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***<u>NOTE</u>: If there are more than 04 (four) assessments for special consideration at a time, you're suggested to submit other special consideration application form/s.

PAGE 4

– Application for special con	-	PRMIT VNIVERSITY at number \$1234567	Don't forget your student number!
Section F – Medical/health practitioner assessm On (date/s of consultation)	e best way to establish medical/health grounds for a spted if it states the dates and nature of the impact, idies and you're unable to provide other supporting he registered medical/health practitioner who treate ay also include other documentation such as a lette ractitioner as necessary to clarify the infermation p Date (DD/MWY) nent a registered medical student number	a special consideration If difficult personal evidence, you may id you for the condition from the practitioner, rovided below. rwy	Insert your signature/ name and the date you have the Impact Assessment Statement completed
or the student reports that they are suffering from From date (DD/MWYYYY)	to date (DD/MM/YYYY)		
Description of impact of the medical/health condition Additional information 1. Able to travel/attend □ No □ Yes			***IMPORTANT*** SECTION F – Medical/ health practitioner
No Yes moderately less i 3. Able to perform a task requiring intense concentration for 1–2 hours If yes, able to complians usual No Yes	than usual		assessment MUST BE completed by your <u>DOCTOR/ HEALTH</u>
Additional information (complete as needed)			<u>PRACTITIONER</u> , and not by YOURSELF. The doctor/ health practitioner's
Practitioner's signature and stamp Complete only for details r	Date (DD/MM/Y)		signature, name stamp and the hospital/ clinic's red stamp are also required.
Address of practice	hberFax		
Email	ideration	1047 0822 4 of 5	



