

Application for special consideration (Vietnam campus)

Section A – Personal details

RMIT student number _____ Date of birth (DD/MM/YYYY) _____

Full name _____ Contact tel. number _____

Program code _____ Program name _____

School _____

Academic career (please tick one): ☐ Preparatory ☐ Vocational Education ☐ Undergraduate ☐ Postgraduate ☐ Research

Are you an international onshore student? (please tick one) ☐ Yes ☐ 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 Flexibility 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 rmit.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.vn/students/support/wellbeing-support/equitable-learning-service) 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 RMIT 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.

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Section D – Courses for which a special consideration is sought

COURSE 1

Course code	Catalogue number	Course title
<input type="text"/>	<input type="text"/>	<input type="text"/>

For example

M	A	T	H	1	2	3	4	C	Introduction to Mathematics
---	---	---	---	---	---	---	---	---	-----------------------------

Assessment type

- ☐ Assignment – proposed new submission date:
(DD/MM/YYYY) _____
- ☐ Lab/practical assessment
- ☐ Lab/practical report – proposed new submission date:
(DD/MM/YYYY) _____
- ☐ Online assessment – date (DD/MM/YYYY) and time (HH:MM):
from _____ to _____
- ☐ Oral assessment
- ☐ Other (please specify)

- ☐ Placement/WIL
- ☐ Presentation
- ☐ Test

Date/due date of assessment (DD/MM/YYYY) _____

Weight of assessment (%) _____
i.e. how much does this assessment count towards your overall grade for this course.

Did you submit/complete the assessment on the due date? ☐ Yes ☐ No

Have you previously been granted an extension/special consideration for this assessment? ☐ Yes ☐ No

Is the work currently in progress? ☐ Yes ☐ No

What was the assessment? ☐ Individual ☐ Group work

☐ I am seeking late course withdrawal without academic penalty
Please note:

- You need to have a final non-passing grade published for the course you wish to seek late course withdrawal without academic penalty from.
- Where no final non-passing grade is published, your application may take longer to process.

COURSE 2

Course code	Catalogue number	Course title
<input type="text"/>	<input type="text"/>	<input type="text"/>

For example

M	A	T	H	1	2	3	4	C	Introduction to Mathematics
---	---	---	---	---	---	---	---	---	-----------------------------

Assessment type

- ☐ Assignment – proposed new submission date:
(DD/MM/YYYY) _____
- ☐ Lab/practical assessment
- ☐ Lab/practical report – proposed new submission date:
(DD/MM/YYYY) _____
- ☐ Online assessment – date (DD/MM/YYYY) and time (HH:MM):
from _____ to _____
- ☐ Oral assessment
- ☐ Other (please specify)

- ☐ Placement/WIL
- ☐ Presentation
- ☐ Test

Date/due date of assessment (DD/MM/YYYY) _____

Weight of assessment (%) _____
i.e. how much does this assessment count towards your overall grade for this course.

Did you submit/complete the assessment on the due date? ☐ Yes ☐ No

Have you previously been granted an extension/special consideration for this assessment? ☐ Yes ☐ No

Is the work currently in progress? ☐ Yes ☐ No

What was the assessment? ☐ Individual ☐ Group work

☐ I am seeking late course withdrawal without academic penalty
Please note:

- You need to have a final non-passing grade published for the course you wish to seek late course withdrawal without academic penalty from.
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Section D – Courses for which a special consideration is sought continued...

COURSE 3

Course code	Catalogue number	Course title
<input type="text"/>	<input type="text"/>	<input type="text"/>

For example

M	A	T	H	1	2	3	4	C	Introduction to Mathematics
---	---	---	---	---	---	---	---	---	-----------------------------

Assessment type

- ☐ Assignment – proposed new submission date:
(DD/MM/YYYY) _____
- ☐ Lab/practical assessment
- ☐ Lab/practical report – proposed new submission date:
(DD/MM/YYYY) _____
- ☐ Online assessment – date (DD/MM/YYYY) and time (HH:MM):
from _____ to _____
- ☐ Oral assessment
- ☐ Other (please specify)

- ☐ Placement/WIL
- ☐ Presentation
- ☐ Test

Date/due date of assessment (DD/MM/YYYY) _____

Weight of assessment (%) _____
i.e. how much does this assessment count towards your overall grade for this course.

Did you submit/complete the assessment on the due date? ☐ Yes ☐ No

Have you previously been granted an extension/special consideration for this assessment? ☐ Yes ☐ No

Is the work currently in progress? ☐ Yes ☐ No

What was the assessment? ☐ Individual ☐ Group work

☐ I am seeking late course withdrawal without academic penalty
Please note:

- You need to have a final non-passing grade published for the course you wish to seek late course withdrawal without academic penalty from.
- Where no final non-passing grade is published, your application may take longer to process.

COURSE 4

Course code	Catalogue number	Course title
<input type="text"/>	<input type="text"/>	<input type="text"/>

For example

M	A	T	H	1	2	3	4	C	Introduction to Mathematics
---	---	---	---	---	---	---	---	---	-----------------------------

Assessment type

- ☐ Assignment – proposed new submission date:
(DD/MM/YYYY) _____
- ☐ Lab/practical assessment
- ☐ Lab/practical report – proposed new submission date:
(DD/MM/YYYY) _____
- ☐ Online assessment – date (DD/MM/YYYY) and time (HH:MM):
from _____ to _____
- ☐ Oral assessment
- ☐ Other (please specify)

- ☐ Placement/WIL
- ☐ Presentation
- ☐ Test

Date/due date of assessment (DD/MM/YYYY) _____

Weight of assessment (%) _____
i.e. how much does this assessment count towards your overall grade for this course.

Did you submit/complete the assessment on the due date? ☐ Yes ☐ No

Have you previously been granted an extension/special consideration for this assessment? ☐ Yes ☐ No

Is the work currently in progress? ☐ Yes ☐ No

What was the assessment? ☐ Individual ☐ Group work

☐ I am seeking late course withdrawal without academic penalty
Please note:

- You need to have a final non-passing grade published for the course you wish to seek late course withdrawal without academic penalty from.
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Section E – Impact assessment statement – for a special consideration application on health/medical grounds

Please 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. If difficult personal circumstances are impacting your health, wellbeing and studies and you're unable to provide other supporting evidence, you may provide a completed IAS. This IAS must be completed by the registered medical/health practitioner who treated you for the condition (or supported you with your difficult circumstances). 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 (DD/MM/YYYY) _____

Section F – Medical/health practitioner assessment

On (date/s of consultation) _____

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

Student name _____ Student number _____

and ☐ have determined that they are suffering from _____
(condition to be stated with student's consent)

or ☐ the student reports that they are suffering from _____

From date (DD/MM/YYYY) _____ to date (DD/MM/YYYY) _____

The condition is ☐ 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/health condition	Additional information	Dates affected	From (DD/MM/YYYY)	To (DD/MM/YYYY)
1. Able to travel/attend <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the following		
2. Able to do sustained reading, note-taking and writing <input type="checkbox"/> No <input type="checkbox"/> Yes	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 following		
3. Able to perform a task requiring intense concentration for 1–2 hours <input type="checkbox"/> No <input type="checkbox"/> Yes	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 following		

Additional information (complete as needed)

Practitioner's signature _____ Date (DD/MM/YYYY) _____
and stamp

Hospital/Clinic's stamp

Complete only for details not provided in the stamp

Practitioner registration number _____

Address of practice _____

Tel. _____ Fax _____

Email _____

Section G – Grounds of your application

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- ☐ I have read and understood the information provided in this application.
- ☐ I declare the information provided by me is true and correct in every detail. 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 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.
- ☐ 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 its impact on my ability to complete the assessment tasks described in my application for special consideration.
- ☐ I also give consent for my supporting documentation to be referenced in any remissions process that I may initiate.
- ☐ I understand I may be asked to provide a more specific consent to disclosure of the information should this be required by the University.
- ☐ I understand that I must monitor my RMIT student email account daily regarding this special consideration application, and that my student email inbox must be able to receive incoming email, i.e. maximum storage limits have not been reached.

Student signature _____ Date (DD/MM/YYYY) _____