

SPECIAL CONSIDERATION APPLICATION FORM

The Special Consideration Policy must be read prior to completing this form to see a range of examples that may be used under each 'Reason for Application' and the relevant documentary evidence required under each reason.

Reasons must be due to circumstances beyond a student's control and supported by documentary evidence. It is important to note that 'Special Consideration' will not apply in the following situations:

- You have an existing or ongoing medical condition prior to commencement which you are aware could impact your academic performance. For existing conditions students should register for the Access and Equity Program through Student Services.
- A student 'changing their mind' about studying at the College and wishing to withdraw without academic penalty;
- A normal change in work arrangements such as a change of shift or planned holiday;
- A lack of knowledge of the College's Policies and Procedures;
- Any holiday arrangements or social / leisure / personal commitments made by the student within a calendared study period (including overseas travel and school holidays);
- Faulty technology; or
- Misreading timetables or forgetfulness.

Any applications related to remission of fees or debt of any kind should be made under the provisions of the Remission of Financial Liability due to Special Consideration Policy.

This form and certified copies of the relevant documentary evidence must be submitted through Student Services at the college:

All documentation must be submitted together to be considered a complete application. Please complete one Application for Special Consideration Form.

Further information can be found in the Special Consideration Policy.

STUDENT DETAILS

STUDENT NUMBER: _____ PHONE NUMBER: _____
TITLE: _____ GIVEN NAME: _____ FAMILY NAME: _____
ADDRESS: _____
POSTCODE: _____ SUBURB: _____ STATE: _____
EMAIL: _____
COURSE TITLE: _____

COURSE DETAILS

CAMPUS: _____ EXPECTED YEAR OF COMPLETION: _____
SUBJECT CODE: _____ SUBJECT NAME: _____
TEACHING PERIOD: _____ CENSUS DATE: _____

SUBJECT DETAILS

TRAINERS NAME: _____

ASSESSMENT DETAILS

(Please check the subject outline for correct assessment details)

ASSESSMENT NAME: _____
ORIGINAL DUE DATE: _____
PERCENTAGE WEIGHTING OF ASSESSMENT: _____
 ACADEMIC PENALTY REMOVAL DEFERRED EXAMINATION
 EXTENSION OF WRITTEN ASSESSMENT OTHER (Please Specify)

ASSESSMENT NAME: _____
ORIGINAL DUE DATE: _____
PERCENTAGE WEIGHTING OF ASSESSMENT: _____
 ACADEMIC PENALTY REMOVAL DEFERRED EXAMINATION
 EXTENSION OF WRITTEN ASESSMENT OTHER (Please Specify)

ASSESSMENT NAME: _____
ORIGINAL DUE DATE: _____
PERCENTAGE WEIGHTING OF ASSESSMENT: _____
 ACADEMIC PENALTY REMOVAL DEFERRED EXAMINATION
 EXTENSION OF WRITTEN ASSESSMENT OTHER (Please Specify)

ASSESSMENT NAME:

ORIGINAL DUE DATE:

PERCENTAGE WEIGHTING OF ASSESSMENT:

- ACADEMIC PENALTY REMOVAL DEFERRED EXAMINATION
 EXTENSION OF WRITTEN ASSESSMENT OTHER (Please Specify)

REASON FOR DEFERRAL

(Please check the subject outline for correct assessment details)

Reason for Application: Due to circumstances beyond my control, I am unable to continue my studies or have been unfairly disadvantaged by the normal application of College policies for the following reason:

Please tick whichever is applicable:

- Medical reasons** (medical certificate **must** be attached from a registered medical practitioner)
Due to unforeseen medical reasons, you are unable to attend an assessment or required clinic session, to submit an assessment item when due or you are an international student and unable to fulfil attendance requirements.
- Family / personal reasons** (you **must** attach supporting documentation from a qualified professional)
Due to unforeseen personal/family reasons that occur or worsen and that are beyond your control, you are unable to attend an assessment or complete your required practical hours, when due or you are an international student and unable to fulfil attendance requirements.
- Natural disaster reasons** (you **must** attach supporting documentation)
Due to a localised natural disaster that occurs, you are unable to attend an assessment or required clinic session, to submit an assessment item when due or to fulfil attendance requirements.
- Other** (you **must** attach supporting documentation)
The circumstances under which an application for special consideration can be made are not limited to those listed above; rather any an application may be made when the circumstances are outside of the usual application of any other College policy. It is the student's right to submit a special consideration application for any reason (with supporting documentation to substantiate all claims).

STUDENT DECLARATION

I (the undersigned), declare that I have read and understood the Special Consideration Policy, and that the information I have provided within this document is true, correct and complete in every respect. I acknowledge that the submission of false, incorrect, incomplete or misleading information may result in cancellation of my enrolment and/or delays in processing this form:

- I have attached official documented evidence to support this request:
- I authorise the College to obtain further information or make inquiries to verify my claim, if required.

Signature:

Date:

PRIVACY: For details of College practices regarding student information and privacy see A.C.O.A.E. RTO Policies and procedures

OFFICE USE ONLY

Received by			Date received		
Request	Approved	/	Declined	<input type="checkbox"/> Student notified of outcome via email	
Authorised by			Signature		
<input type="checkbox"/> More information required			Date processed		
Recorded in Axcelerate		<input type="checkbox"/> Filed		Initialed	

If application is refused, please state the reason/s supporting the decision:

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