



SPECIAL CONSIDERATION APPLICATION

SID: _____

Period for which Special Consideration is sought: ____/____/____ to ____/____/____

Family Name: _____ Given Name: _____

Contact Phone Number: _____ Uni Email: _____

Degree: _____

Assessment(s) for which special consideration is sought:

Indicate assessment(s) for which special consideration is requested, including relevant due dates

Unit of Study	Assessment(s)	Due Date
		/ /
		/ /
		/ /
		/ /

If you are seeking Special Consideration for a final exam, did you sit the final exam? Yes / No

Please state briefly the reason for your application in your own words:

Student's Declaration

I understand that my application for Special Consideration requires supporting documentation from a registered professional authority about my illness or misadventure. I am aware that the registered professional may be contacted to verify my application. ***I acknowledge that disciplinary action may be taken if I supply false or misleading information.*** I certify that I have read and understood the Faculty of Education and Social Work Special Consideration policy information. Policy information can be found in the Faculty of Education and Social Work handbook at: <http://www.usyd.edu.au/handbooks/index.shtml> and follow the links to Section 8: Degree Regulations and Policies.

 Signed: _____
 (Student)

Date: ____/____/____

 Please have this form stamped and signed by a Faculty staff member **BEFORE** getting your Academic Judgement form signed.

Office use only

Date stamp:

Signed:


PROFESSIONAL PRACTITIONERS CERTIFICATE

To be completed by a registered medical practitioner or counsellor for a student whose work during a teaching period or whose academic performance in an assessment item or items, including examinations, has been affected by illness or misadventure.

Special Consideration applications must be supported by documentary evidence from an appropriate professional authority (a registered medical practitioner, or counsellor). Certificates signed by family members are not acceptable. Your help providing information about the student's illness or misadventure is appreciated. This information will help the University make a fair and informed assessment about the student's academic performance. The information you provide on this form will be used solely to assess this application.

STUDENT NAME: _____

DATE(S) OF CONSULTATION: _____

Please indicate your evaluation of the severity, duration and effect on the student's ability to attend classes, learn, retain and/or complete assessment requirements:

Specify period/duration

Severity (please tick appropriate boxes)	✓	From	To
Totally unable to study			
Very severely affected			
Severely affected			
Moderately affected			
Slightly affected			
Unable to assess			

Plain English description of: nature of illness, symptoms, restrictions on capacity or functionality in their studies and other relevant information (attach additional report or documentation if necessary, bearing in mind privacy requirements):

Name: _____

Address: _____

Phone Number: _____ Stamp: _____

Provider Number: _____

I authorise the University to contact me or my office to confirm authenticity of this document.

Signature: _____ Date: ____ / ____ / ____

Extract from the Academic Board Resolutions: Assessment and Examination of Coursework

7. Documentation

(1) Professional Practitioner Certificate is supplied with the special consideration form and should be completed by a registered medical practitioner, or counsellor for a student whose work during a teaching period or whose performance in an assessment task, including examinations, has been affected by illness or misadventure. Certificates signed by family members are not acceptable.

The Professional Practitioner Certificate includes:

- a) dates of consultation;
- b) an evaluation by the practitioner, psychologist etc. as to the severity, duration and effect on the student's ability to attend classes, learn or complete assessment requirements;
- c) a description of the nature and seriousness of the student's problems, within the limits of confidentiality, so that an academic assessment can be made of the possible effects of the illness or accident on the student's performance;
- d) any other relevant information relating to the student's illness, trauma etc.;
- e) any other documentation that may be relevant; and
- f) the practitioner authorises the University to contact them to confirm the authenticity of the certificate.

(2) Other documentation will depend on the nature of the misadventure, but it should be provided to support the student's account of the circumstances and indicate the likely duration and the effect of the problem on the student's performance.

(3) The above information is to be publicised in handbooks and displayed in appropriate notice boards and websites. Where substantial absence has been documented during a semester, faculties should establish mechanisms to review each case to ensure that each student has been treated consistently by relevant departments.