



THE UNIVERSITY OF
SYDNEY

Faculty of Science

UG / PG

Student Administration
Phone: 9351 3021

Email: science.information@sydney.edu.au

Special Consideration INFORMATION

ESSENTIAL INFORMATION

- Policy regarding Special Consideration is covered under the *Assessment Policy* and associated *Assessment Procedures (2011)* – available 24 hours online at http://sydney.edu.au/ab/policies/Assessment_Policy_2011.pdf
http://sydney.edu.au/ab/policies/Assessment_Procedures_2011.pdf
and on the Faculty of Science website
- There is no substitute for reading the policy – in accordance with the *Assessment Policy* clause 16(7)(e) all students are responsible for becoming familiar with University policy and faculty procedures and acting in accordance with those policies
- This application MUST be lodged within 5 working days of the due date of the assessment task for which you are seeking Special Consideration

INSTRUCTIONS

1. You must complete this application form and lodge it in person at:
Faculty of Science Information Office
Level 2, Carslaw Building
Hours: Monday-Thursday 10am-4pm, Friday 10am-1pm
2. This application must include original (or certified copy) supporting documentation. Please view the documentation guidelines available on the Faculty of Science website at:
<http://sydney.edu.au/science/cstudent/ug/forms.shtml>
Please note the academic judgment regarding your application will be based only on documentation lodged with this application.
3. If you wish to retain the original documentation, you must EITHER supply a certified copy OR present both the original and supply a photocopy for the Faculty of Science Information Office to verify. The Faculty of Science Information Office cannot make photocopies.
4. Students will be notified of the academic judgment concerning their application for Special Consideration by the Faculty of Science through an e-mail to their University e-mail account.

APPLICATION GUIDELINES

Extract from the *Assessment Procedures (2011)*:

14 Special Consideration Due to Serious Illness, Injury and Misadventure

(7) A formal application for special consideration must:

- (a) use the form specified for this purpose by the faculty;
- (b) clearly set out the basis for the claim;
- (c) provide an appropriate professional practitioner certificate completed by a registered health practitioner or counsellor operating within the scope of their practice and who is not a family member and which includes:
 - (i) the date of consultation;
 - (ii) an evaluation of the severity, duration and effect on the student's ability to attend classes, learn or complete assessment requirements; and
 - (iii) the date the certificate was written and issued.

- (d) provide a statutory declaration and any other relevant supporting documents in circumstances where a professional practitioner certificate is not appropriate; and**
(e) provide details of any group work which might be affected.

What is covered by Special Consideration?

- **Serious illness, injury or misadventure**
- **Short-term illness, injury or misadventure that prevents a well-prepared student from completing an assessment task**
- **There is a distinction between the above and longstanding illness or difficulties which prevent a student from attending classes or completing required work or which seriously interfere with their capacity to study for long periods**
- **Students who bear a primary carer responsibility at the time of the assessment may apply based upon illness, injury or misadventure on the part of the person for whom they bear this responsibility**

Time limit

- **Applications for Special Consideration must be lodged within 5 working days of the due date of the assessment task for which Special Consideration is sought**
- **No application received after this period has lapsed will be accepted unless exceptional circumstances (e.g., hospitalisation), for which documentation must be provided, have prevented timely application**
- **Information regarding Special Consideration is available to all students upfront in the unit of study outlines; therefore the Faculty of Science does not grant simple extensions**

Units administered by other faculties

- **You must lodge a Special Consideration application with the faculty that administers the unit of study for which you are seeking Special Consideration. If you are seeking Special Consideration for assessments in multiple units, you may need to lodge a Special Consideration application at more than one faculty office**
- **For example: If you are seeking Special Consideration for an Arts unit of study (e.g., SCLG1001) and a Science unit of study (e.g., BIOL1001) you will need to lodge the application for SCLG1001 with the Faculty of Arts and the application for BIOL1001 at the Faculty of Science Information Office**

Academic Dishonesty

- **Please note that submitting a fraudulent or misrepresented application for Special Consideration is considered a form of academic dishonesty. The request will not be granted and the matter will be referred to an Associate Dean, with the possibility of severe academic penalty.**
- **Please also note that the Faculty of Science and the University of Sydney reserve the right to contact the professional practitioners or other parties cited in support of any application for Special Consideration to verify the validity of that application. The student's consent to this is understood to be implicit in the lodgement of an application for Special Consideration**

The information you supply on this application is needed by the University so that it can assess your application for Special Consideration. This document, and any associated records, will be retained by the Faculty of Science, where the records will only be available to staff who need access in order to carry out their duties. All records will be destroyed in a secure manner at the appropriate time. Any request to access and/or correct the information should be addressed to the Special Consideration Administrator in the Faculty of Science office.



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**Special Consideration
APPLICATION**

This application must be lodged within 5 working days of the date of your assessment

A: PROCESSING DETAILS

Period for which Special Consideration is sought:

-- to --

Office Use
Application Number:

SID:

B: STUDENT DETAILS

Family name: _____ Given name: _____

Address: _____

Telephone: _____ Uni Email: _____

Degree: _____ Year (1,2,3 etc): _____ Date of Birth: ____ / ____ / ____

C: UNIT OF STUDY DETAILS

Indicate work for which Special Consideration is requested, including relevant due dates:

Unit of Study Code	Assessment (Exam, Essay, Prac, Tutorial, Quiz, etc)	Due Date:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		/ /
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Is this application in respect of group work? **Yes / No**

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

Student's Consent:

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 clause 13 of the Assessment Policy (2011) and clause 14 of the Assessment Procedures (2011).**

Signed: _____
(Student)

Date: ____ / ____ / ____

Office Use
Date stamp:

Signed:



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Professional Practitioners Certificate

To be completed by a registered medical practitioner or counsellor for 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.

PROFESSIONAL PRACTITIONER CERTIFICATE

SID: _____ 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):

OTHER (please specify and attach documentation/evidence)

Name _____

Address _____

Telephone: _____ Provider Number: _____

Stamp:

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

Signature: _____ Date: ____/____/____



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ACADEMIC JUDGEMENT REGARDING APPLICATION FOR SPECIAL CONSIDERATION

Student Use:

Students must complete this section of the form. Students must complete one form for each piece of assessment for which Special Consideration is sought.

Name of Student: _____

SID: _____

Office Use
Application Number:

Assessment for which Special Consideration is sought:

Unit of Study	Assessment	Due Date
		/ /
		/ /

School Use:

This section must be completed by two or more academic staff members within the Faculty of Science who act as assessors of the Special Consideration application.

Academic Judgement:

- Application declined
- Replacement assessment*
- Extension approved*
- Reweighting or averaging
- No action required

*New Due Date: _____

Reason for Judgement and Additional Information:

Name: _____

Name: _____

Signed: _____
(First Assessor)

Signed: _____
(Second Assessor)

Date: ___/___/___

Faculty of Science Use:

Date received from School:

Date Student notified of Academic Judgement by Faculty Office:

___/___/___

The School **must** return this completed academic judgement form to the Faculty Office:
(Special Considerations, level 2, Carlaw Building or sfo.specialconsideration@sydney.edu.au)
It will be retained here for a minimum period of 12 months from the end of the relevant semester.