Special Consideration

INFORMATION

ESSENTIAL INFORMATION

• This application + copies MUST be lodged within 7 Calendar Days of your Assessment due date.

• You MUST have the Professional Practitioner’s Certificate filled out- the Faculty will NOT accept Medical Certificates

• You MUST have 1 copy of each completed page of this application per assessment (eg: 3 Assessments= 3 sets of copies + Original must be submitted)

INSTRUCTIONS

1. All highlighted fields must be filled in before this application can be lodged.
   • For consideration due to illness, the student must have a registered medical practitioner or counsellor complete the Professional Practitioners Certificate. The Faculty does not accept Medical Certificates.
   • For consideration due to misadventure, the student must attach the appropriate documentation (police reports, counselling service statements etc)

2. At the Faculty of Science counter you must lodge:
   The original completed application
   PLUS:
   1 photocopy for EACH assessment for which consideration is being sought- all of which will be stamped by Faculty staff. (If you desire a copy for yourself, you must provide the additional copy, which will also be stamped)

3. You must take the stamped copies of the application to the School administrative office as directed by Faculty staff.

4. Students will be notified of the academic judgement concerning their application for Special Consideration by the Faculty of Science, via an e-mail to their University e-mail account.

5. Further information, including the complete Faculty of Science guidelines regarding Special Consideration, may be obtained via the Faculty of Science website, at http://www.science.usyd.edu.au/fstudent/postgrad/pdf/special_consideration_policy.pdf

GUIDELINES FOR SPECIAL CONSIDERATION

The University’s assessment practices are designed to ensure that conditions are as consistent as possible and that individual students are not disadvantaged by adverse personal circumstances beyond their control or by the activities of other students.

Generally, illness or misadventure will be taken into account when considering a student’s academic performance in a course or Units of Study. There is, however, a clear distinction between longstanding illness or difficulties which prevent students from attending classes or completing required work or which seriously interfere with their capacity to study for long periods, and short-term illness or misadventure that may prevent a well-prepared student from sitting for an examination or completing a particular assignment.

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 one year after the completion of the Unit of Study for which consideration was sought. Any request to access and/or correct the information should be addressed to the Projects and Services Officer at the Faculty of Science office.
GUIDELINES FOR THE PROFESSIONAL PRACTITIONERS CERTIFICATE

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

Part 5 – Special Consideration Due to Serious Illness and Misadventure.

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.
**A: PROCESSING DETAILS**

SID: □□□□□□□□□□□□□□□

Period for which special consideration is sought:

<table>
<thead>
<tr>
<th>day</th>
<th>month</th>
<th>year</th>
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Application Number

**B: STUDENT DETAILS**

Family name: ___________________________ Given name: ___________________________

Address: ________________________________________________________________

Mobile/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:

<table>
<thead>
<tr>
<th>Unit of Study Code</th>
<th>Assessment (Exam, Essay, Prac, Tutorial, Quiz, etc)</th>
<th>Due Date:</th>
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If you are seeking Special Consideration for a Final Exam, did you sit the final exam(s)? **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 the ‘Guidelines for Application for Special Consideration’.

Signed: ___________________________

(Student)

Date: ___/___/____

Date stamp:

Signed:
This application + copies must be lodged within 7 Days of your Assessment due date.

**Professional Practitioners Certificate**

This page + copies must be completed and lodged as part of your application.

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

<table>
<thead>
<tr>
<th>SID: ____________________</th>
<th>STUDENT NAME: ____________________________________________________________</th>
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<tbody>
<tr>
<td>Date/s of consultation: ____________________________________________________________________</td>
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</table>

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:

<table>
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<tr>
<th>Severity (please tick appropriate boxes)</th>
<th>Specify period/duration</th>
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<tr>
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<td>from</td>
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<td>Totally unable to study</td>
<td></td>
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<tr>
<td>Very severely affected</td>
<td></td>
</tr>
<tr>
<td>Severely affected</td>
<td></td>
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<tr>
<td>Moderately affected</td>
<td></td>
</tr>
<tr>
<td>Slightly affected</td>
<td></td>
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<tr>
<td>Unable to assess</td>
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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

Phone Number: ________________ Provider Number: ________________ Stamp: _______________________

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

Signature: ___________________________ Date: __________ / __________ / __________
Students must complete this section of the form. Students must complete one form for each piece of assessment where Special Consideration is sought.

SID: ________________________

Name of Student: ____________________________________________________________

Assessment for which Special Consideration is sought:

<table>
<thead>
<tr>
<th>Unit of Study</th>
<th>Assessment</th>
<th>Due Date</th>
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For School Use Only:
This section must be completed by two or more academic staff members within the relevant faculty who act as assessors of the Special Consideration application. **One of the two assessors must be the head of department (or delegate) responsible for the Unit of Study for which Special Consideration is sought.**

Academic Judgement:

☐ Alternative assessment approved*  ☐ Mark to be adjusted (if appropriate)
☐ Application declined             ☐ No action required
☐ Assessment marks to be averaged  ☐ Permission granted to make-up assessment
☐ Decision deferred until Semester results available  ☐ Resubmission of assignment approved
☐ Extension approved*              ☐ Retest approved
☐ Further examination approved*    ☐ Weighting of assessment items changed
☐ Late submission penalty waived   ☐ Exemption approved

*New Date for re-submission / extension / supplementary / other: _____________________________

Additional Information / Reason for Judgement:
______________________________________________________
______________________________________________________
______________________________________________________

Name: ___________________________________________  Name: ________________________________
Signed: ___________________________________________________________________________
(First Assessor)                                                                                   
Signed: ___________________________________________________________________________
(Second Assessor)
Date: ___/___/____

For Faculty of Science Use only:
Date Student notified of Academic Judgement by Faculty Office: ___/___/____

This document **must** be returned to the Faculty Office where it will be retained for a minimum period of 6 years.