



# Application for Special Consideration

Please submit the completed form to your teacher for any assessment with a weightage of less than 40%. For assessments with a weightage of 40% and above, the form should be submitted to the Academic Director. Please make sure correct guidelines are followed according to the Special Consideration Policy.

A student may apply for Special Consideration if they have experienced misadventure or extenuating circumstances outside their control, and  
 » it was sufficiently grave in nature or duration, and  
 » it caused significant disruption to their capacity to study effectively or complete unit requirements.

The student should attach a draft copy of the assessment task with this application.

Note: Incomplete or incorrect applications will not be processed.

## 1. Type of assessment

<input type="checkbox"/> Hand-in Assessment	<input type="checkbox"/> In-class Assessment	<input type="checkbox"/> Final Exam
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## 2. Personal details

Student ID Number:	Telephone/Mobile:
Family name:	Given names:
<input type="checkbox"/> Diploma	<input type="checkbox"/> Foundation
Course/Program name:	

## 3. Assessment details

I am applying for special consideration for the assessment tasks listed below:

Unit/Subject name:		
Class teacher:		Assessment task name:
Assessment task weighting:	Due date & time:	Attempted task? (Yes or No)

## 4. Reason For Application

Evidence must be provided detailing the severity and/or gravity of the event and that it has disrupted previously satisfactory work during the term of enrolment.

<input type="checkbox"/>	Serious illness. Please attach doctor's certificate.
<input type="checkbox"/>	Death or serious illness of immediate family member. Please attach a letter from a counsellor or doctor indicating the relationship of the family member to the student.
<input type="checkbox"/>	Unavoidable commitments. Examples include jury duty, court appearance, military reserve activities and, emergency service commitments. Please attach documentation showing compulsory attendance dates.
<input type="checkbox"/>	Selection to represent at international, national or state level in a sporting or cultural event. Please attach supporting documentation from state, national or cultural organisation advising of selection.
<input type="checkbox"/>	Crisis / trauma. Supporting evidence may include a medical certificate or other letter from counsellor, doctor, or police depending on the nature of the issue. There must be evidence to demonstrate the severity and/or gravity of the circumstance, in addition to the evidence that the misadventure has disrupted previously satisfactory work on the assessment during the term of the enrolment.
<input type="checkbox"/>	Other compelling reasons. Please attach supporting documentation.



### 5. Evidence to support your application for special consideration

I have attached documentation to support this request for special consideration.

Yes  No

List attachments:

### 6. Student declaration

I declare that the information provided by me on this form is true and correct. I also agree to the release of personal information about me for the purpose of assessing this application.

Signature	Date (dd/mm/yyyy)	Time/date received by Teacher/Academic Director  (Office Use Only)
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<input type="checkbox"/>	No action — Special consideration has been denied
<input type="checkbox"/>	Average marks for similar tasks used to calculate an average (does not apply to Final Exam)
<input type="checkbox"/>	Extension granted until (applies to Hand in assessment task only)
<input type="checkbox"/>	Complete a different assessment task on (applies to In-class assessment only)
<input type="checkbox"/>	“R” grade (Re-assessable fail) (applies to Final Exam only)
<input type="checkbox"/>	Complete a post-exam on (applies to Final Exam only)
<input type="checkbox"/>	“I” grade (incomplete) to be resolved no later than next census date (applies to Final Exam only)
<input type="checkbox"/>	Circumstances taken into consideration — The marks achieved in this assessment task will be compared to the student's performance in other assessment tasks and moderated if necessary

Comments/Recommendations:

Staff member's name:	Position:
Signature:	Date (dd/mm/yyyy):

*In providing my personal information to WSUIC, I understand that, other than as authorised by law, WSUIC will only use this information for the purposes for which it is being collected in accordance with the WSUIC's functions and activities associated with my enrolment. In some instances, WSUIC may need to disclose information to any government department which administers, or has authority regarding, education or immigration policy and law and any other government agencies (state, territory or federal), an affiliated entity of WSUIC, or to third parties for the purposes of recovering unpaid WSUIC fees or other debts owed to WSUIC, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and WSUIC policies.*

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