

Application for Assessment Special Consideration

This form is to be used by Australian and overseas student enrolled in all courses who are seeking academic special consideration for assessment based on exceptional circumstances. Please refer to the *Assessment Policy and Procedure* and the *Flexible Learning Examination Policy* for detailed information, www.think.edu.au/policiesandforms.

PERSONAL DETAILS				
Family name		Other names		
Student number		Date of birth		
COURSE INFORMATION				
Course name		College		
Course code		Campus		
THE UNITS OF STUDY I WISH TO RECEIVE SPECIAL CONSIDERATION FOR ARE:				
Unit Code	Unit Name	Lecturer	Day/Time of class or online	Weighting (if applicable)
SPECIAL CONSIDERATION FOR EXCEPTIONAL CIRCUMSTANCES REQUESTED FOR (select one of the options below)				
<input type="radio"/> 1 Assessment(s)	ACADEMIC ITEM	DETAILS (title of assignment, exam, course)	DATE(S) DUE	REQUESTED ASSESSMENT DATE
	<input type="radio"/> Exam / quiz <input type="radio"/> Assignment, including reports, projects, presentations <input type="radio"/> Other assessment			
<input type="radio"/> 2 Extension of course block (Distance Education students only) You may only extend your block for one additional study period.	DETAILS (title of assignment, exam, course)			
I AM APPLYING FOR EXCEPTIONAL CIRCUMSTANCES				
<input type="radio"/>	After the item due date / study period start date			
<input type="radio"/>	Before the item due date / study period start date			

To support your case, you will need to provide / attach documentation from a doctor, counsellor, employer, or independent member of the community which states:

- The date your circumstances began
- If your circumstances changed before the date of tasks indicated above, the date it changed, and to what extent
- How your circumstances affected your ability to study and/or complete the tasks as required by the College
- When it became apparent that you could not meet the date of the task

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Please reply to the questions below related to the type of academic item you are requesting academic special consideration for exceptional circumstances.

ACADEMIC ITEM		DETAILS OF SPECIAL CIRCUMSTANCES			
Assessment		1. What are the special circumstances preventing you from completing the assessment tasks on time?			
Course		1. What are the special circumstances for customising your course?			
Assessment		2. How did these special circumstances prevent you from completing the assessment tasks on time?			
Course		2. How will these special circumstances assist you with your study goals?			
Assessment		3. When did you become aware that you could not complete the academic tasks on time?			
Course		3. When did you become aware of the circumstances around your request?			
All		4. How were these special circumstances beyond your control?			
		5. How did your circumstances change just before the due date / study period start date?			
		6. What evidence are you providing with this application to support the above? (If you are seeking an extension for an assignment, you should include a draft of the work you have completed so far.)			
DECLARATION					
<i>I wish to apply for academic special circumstances based on exceptional circumstances as outlined in this form. I declare that the information I have given on this application is true and correct.</i>					
Student Signature		Date			

This form must be completed and submitted to Think: Student Services. On-campus students should submit this form to their Student Services office on campus and Distance Education / Flexible Online Learning students should submit this form to the Online Services team.

OFFICE USE ONLY					
New Extension Date					
Lecturer Name		Lecturer Signature		Date Approved	
Program Director Name		PD Signature		Date Approved	