

Special Consideration (HE) Form

Before making an application for Special Consideration, students should discuss their situation with the relevant Staff / School and if appropriate the International Office is to determine if this is the most suitable option. Please refer to Assessment (HE) Policy before completing this form. Applications should be submitted to your Course Administrator.

Section A: Personal Details (Student to Complete)

Melbourne Polytechnic Student Number:		DOB:		International Student	
Family Name:				Given Names:	
Mailing Address:					
Suburb / Town:		Postcode:		Country:	
Contact Phone Number:					
Email Address:					
Melbourne Polytechnic Course Code:		Melbourne Polytechnic Course Name:			

Section B: Special Consideration Details (Student to Complete)

Type of Special Consideration Sought	<input type="checkbox"/> Deferred Examination	<input type="checkbox"/> Special Assessment
Grounds for Application	<input type="checkbox"/> Medical reasons	<input type="checkbox"/> Severe disruption of living arrangements
	<input type="checkbox"/> Trauma	<input type="checkbox"/> Substantial changes to employment
	<input type="checkbox"/> Loss or bereavement of close family and friend	
	<input type="checkbox"/> Primary carer responsibility for a family member with an unexpected illness	

Ensure Special Consideration Medical Impact Statement or Supporting Statement and/or appropriate supporting evidence attached. See Section 3.5 in the Assessment (HE) Procedure for list of appropriate supporting evidence.

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Section C: Supporting Statement and Evidence (Student to Complete)

Please provide details of your circumstances and any documentation you intend to include with this application.

I wish to apply for Special Consideration in the following Subjects:

Subject Code	Subject Name	Lecturer Name	Type of Assessment	Due Date

Section C: Have you previously applied for a Special Consideration Application (Student to Complete)

No

Yes, please provide details:

Section D: Applicant Checklist and Declaration

- Completed all Sections of the Application Form
- Completed the Supporting Statement and attached the relevant evidence to support my application
- Signed and dated the application form

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I hereby acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information. I certify to the best of my knowledge, the information supplied in this form and the supporting documentation is true and correct. I have submitted this application within the timeframes specified in the Assessment (HE) Policy and Procedure.

Name:		Signature:		Date:	
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OFFICE USE ONLY

RECOMMENDATION

Subject Code	Subject Name	Approved	Action To be Taken	Date

APPLICATION RECEIVED:	RECEIVING OFFICER NAME:		DATE:	
DATE SUPPORTING DOCUMENTATION DUE (maximum 5 working days after receiving date)		DATE DECISION/OUTCOME DUE (Maximum 2 working days after supporting documentation submitted)		
HOP/SL APPROVED:	SIGNATURE:		DATE:	
STUDENT NOTIFIED:	NOTIFIER NAME:		DATE:	