



**THE UNIVERSITY OF  
WESTERN AUSTRALIA**  
*Achieve International Excellence*

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CRICOS Provider Code: 00126G

## SPECIAL CONSIDERATION APPLICATION FORM

Student ID

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### REQUEST FOR SPECIAL CONSIDERATION

Students must complete this form if they wish to demonstrate that illness or other significant circumstances have had an adverse effect on their academic performance and to seek consideration of their particular circumstances. Applications for special consideration should be made with reference to the Special Consideration Policy which can be found at:

<http://www.universitypolicies.uwa.edu.au/search?method=document&id=UP11%2F23>

### FORM COMPLETION

Students must complete sections 1, 2, and 4 and may complete section 5. Students must sign and date section 8.

### FORM SUBMISSION

- Applications must be submitted at the earliest possible date and usually within three University working days after the date of the examination or work for assessment is due. Students who are unable to submit the application within this period must demonstrate exceptional circumstances that prevented the application from being submitted.
- Students must provide one original application and include all supporting documentation.
- Forms must be lodged at a student's allocated Faculty Office.

#### 1. Personal Details

Dr/Mr/Ms/Mrs/Miss	Family Name	
Given Names		
Contact Address		
Suburb	State	Postcode
Daytime telephone	Mobile	
Course	Allocated Faculty Office	

#### 2. Application Details

I am making this application on the grounds of:

**illness**

*Applications on ground of illness may be accompanied by a signed certificate from a medical practitioner or other appropriate health professional. If Sections 6 and 7 are completed by a medical practitioner or other appropriate health professional it is not essential to also provide a medical certificate.*

**other grounds**

*Applications on other grounds must be supported by an appropriate person providing a summary statement in Section 5 or on separate documentation.*

#### 3. Faculty/School Office use only

<input type="checkbox"/> Approved	<input type="checkbox"/> Partially Approved	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Exams Office Notified	<input type="checkbox"/> Student Notified	
Name of Authorising Person _____	Callista ID _____	
Position of Authorising Person _____		
Signature of Authorising Person _____	Date _____	



Student ID

**5. Explanation for Application for Special Consideration**

Please provide details of the circumstances that have caused the disruption to your studies. Students, who wish to keep these details confidential, are not required to complete this step but section 6 must be completed.

**6. Report Supporting Application for Special Consideration**

To be completed as appropriate by Medical Practitioner or other health professional, social worker, counsellor, appropriate UWA staff member, such as a UniAccess officer or academic staff member, Guild Education Officer, College Principal or other person able to provide an objective assessment of the applicant's circumstances, e.g. religious leader

Date of onset of illness/circumstances	Expected duration of effects of illness/circumstances	Date student seen
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Please indicate **one** of the following categories on which the application is based

- illness       other grounds

Further comments:

*(attach extended statement if necessary)*

**FUNCTIONAL ASSESSMENT:** In my opinion the student's medical condition or circumstances have affected/will affect the student in the areas and over the period(s) indicated

	Nil	Minor	Moderate	Severe	Unable to Assess	Time Period From	To
Lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Practical sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Private study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other _____ <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**7. Report Provider's Details**  
To be completed by the report provider

Name	Occupation	
Business address		
Suburb	State	Postcode
Daytime Telephone	Date	
Signature	Official Stamp	

**8. Declaration and Confidentiality Statement**

I hereby certify that the above information is a true and accurate representation of my circumstances. I understand that:

- information provided as part of this application will be retained and managed confidentially, and only discussed with appropriate staff of the University on an as needs basis;
- for my application to be successful:
  - I must provide clear evidence to substantiate the illness or other significant circumstances that have affected me and the likely adverse effect on my academic performance;
  - if an adjustment to marks is to be considered, there must be clear evidence that I have the capacity to perform better than is suggested by the result(s) under consideration; and
  - I must have been meeting the requirements of the unit prior to the onset of the adverse circumstances.
- assessors must observe the principles of equity and academic integrity;
- assessors who require additional information to assist the decision-making process must seek this through me and will not contact report providers direct; and
- I will be notified by email or letter of the outcome of my application, whether it has been successful or not, as soon as possible and in any case within ten University working days of receipt of all documentation relating to the application.

Signature \_\_\_\_\_

Student ID \_\_\_\_\_ Date \_\_\_\_\_